

**ELDERLY CARERS: THE EXPERIENCES OF THE ELDERLY CARING
FOR ORPHANS AND VULNERABLE CHILDREN IN THE CONTEXT OF THE HIV/AIDS
EPIDEMIC IN CHIRADZURU DISTRICT, MALAWI**

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ABSTRACT

PURPOSE: This qualitative study explores the day-to-day care experiences and livelihoods challenges of the elderly carers of orphan and vulnerable children (OVCs) in rural Chiradzuru district in Malawi. The study aims to highlight the impact of AIDS mortality on Elderly Households' livelihood assets.

METHOD: Using case study approach data was collected from 43 cases comprised of 23 individuals and 3 Focus Groups. The main study participants were elderly-headed households caring for OVCs. Data was collected and the evidence converged using the Sustainable Livelihood Framework (SLF) to analyse findings.

FINDINGS: The main ten study participants were between the ages 55-90+ caring for thirty-eight OVCs; seven of whom were single females caring for OVCs aged between 2-16 years old- some of them caring for second generation of orphans (great grandchildren). Although this is crisis-led fostering, most of the elderly have accepted the responsibility regardless of their capabilities. This highlights the value of family based care in these families. Six of the ten elderly carers had lost a significant number of assets to AIDS sickness and death of family members. A few had given up their wage earning livelihoods to care for OVCs while for the very old (71-90) their physical old-age disabilities affected pursuance of livelihoods impacting their food security and acquisition of basic needs. There was mutual reciprocity between the OVCs and their carers to pursue livelihoods which increased household resilience.

Conclusion: The elderly in Chiradzuru need social security support so that they must not give up care of their children to alternative care arrangements which can contribute to trauma on OVCs.

Elderly, OVCs, AIDS livelihoods, care

DECLARATIONS

I Blessings Kachale hereby declare that this submission is my own work and that, to the best of my knowledge, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the award of any degree of the university or other institute of higher learning, except where due acknowledgement has been made in the text.

Signed Date.....

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GLOSSARY OF TERMS

<i>Fisi</i>	A traditional practice whereby when a girl has gone through initiation process, a mature man is identified to cleanse her by sleeping with her to initiate the girl to adulthood, for a boy after initiation has to also prove his adulthood by identifying a girl to sleep with.
<i>Yao</i>	A local language commonly spoken in Chiradzuru District- the study area; a name of tribe that goes by that name
<i>Malawi Kwacha</i>	Malawi's local currency
<i>Ganyu</i>	A local name used to describe seasonal wage labour
<i>Elderly</i>	Persons from the age of 50 above
<i>Chichewa</i>	Malawi's national language
<i>Banja</i>	singular a local term in Malawi to describe a clan
<i>Mabanja</i>	plural term of " <i>banja</i> " to mean clans
<i>Nakanga</i>	a local Yao name for an elderly woman who initiates girls at initiation ceremonies
<i>Namkungwi</i>	a local Chichewa name for an elderly woman who initiates girls
<i>Ndaghala</i>	a secluded place usually in a bush where boys are initiated
<i>Mulanje</i>	one of the districts in Malawi bordering with Chiradzuru the study area
<i>Umoyo</i>	meaning good health or wellness
<i>Henzi</i>	AIDS

<i>Amakhala akulawalawa</i>	meaning a man cannot just have one woman, where he goes he finds a woman
<i>Mchere</i>	meaning a job in this study as was used, but literary means salt
<i>Mwana wamzako ndiwako yemwe ukachenjera manja udy naye</i>	means when you take care of your friends' child, they might look after you when you are in need so long as you were able to offer flexible helping hands
<i>Likuni Phala</i>	a soya bean corn flour mix used to prepare porridge for growing children
<i>Kuchuluka ndikwambwino kuipira m'bale</i>	a proverb in Malawi highlighting that there is strength in numbers to draw on labour resource, however it is hard to share meagre resources in households where resources are few and household members are many
<i>Juju</i>	a local name to describe traditional medicine which is used to perform tricks
<i>Galu wamkota sakandira pachabe</i>	meaning that an old dog does not dig in vain, usually they did because they have smelt something
<i>Kanyenya</i>	a local take away in Malawi which usually
<i>Agogo</i>	a local Chichewa name for an elderly person
<i>Abiti</i>	A Yao name for daughter of or 'Miss' usually used as a respectful way of addressing a girl, lady or woman

ACRONYMS

ACA 2002	Adoption and Children Act 2002
ADB	Africa Development Bank
AIDS	Acquire Immune Deficiency Virus
ART	Antiretroviral treatment/therapy
ARV	Antiretroviral
BSGHF	Bingu Silver- Grey Hair Foundation
CA 1989	Children Act 1989
CA 1989	Children Act 1989 amended by CA 2011
CCPJA 2010	Child Care Protection and Justice Act (2010)
CFPs	Child Feeding Programmes
CHH	Child Headed Households
CR	Child Rights
CS	Case Study
CSD	Case Study Design
CSR	Case Study Research
CWPC	Children Without Parental Care
CYPA 2008	Children and Young Persons Act 2008
CZ	Chiradzuru District
DFID	Department for International Development
DHS	Demographic Health Survey
DS	Data Set
DSWO	District Social Welfare Office
DSWO	District Social Welfare Officer
EC	Elderly Carer
ECs	Elderly Carers
EHH	Elderly Headed Household
EHHs	Elderly Headed Households
EU	European Union
FFSSA	Forum for Food Security in Southern Africa
FG	Focus Group
FGs	Focus Groups

FGD	Focus Group Discussion
FHH	Female Headed Households
FISPs	Farm Inputs Subsidy Programme
FISs	Farm Inputs Subsidies
GVH	Group/Village Headman
GFATM	Global Fund to Fight HIV, Tuberculosis and Malaria
GOM	Government of Malawi
GTZ	German Development Corporation Agency
HAI	HelpAge International
HBC	Home Based Care
HDI	Human Development Indicators
HDI	Human Development Indicators
HDR	Human Development Report
HIV	Human Immune-deficiency Virus
HIV/AIDS	Human Immune-deficiency Virus, Acquired Immune Deficiency Syndrome
IDS	Institute of Development Studies
IFAD	International Fund for Agriculture Development
IHS	Integrated Household Survey
IISD	International Institute for Sustainable Development
IISD	International Institute for Sustainable Development
ILO	International Labour Organisation
IMF	International Monetary Fund
IRD	Integrated Rural Development
LIC	Low Income Countries
LMIC	Low and Medium Income Countries
MCPS	Malawi Child Protection Strategy
MDG	Millennium Development Goal
MDGs	Millennium Development Goals
MDHS	Malawi Demographic and Health Survey
MDP	Malawi Demographics profile
MDS	Minimum Data Set

ME&PD	Ministry of Elderly & People with Disabilities
MIC	Middle Income Countries
MICS	Multiple Indicator Cluster Survey in Malawi
MoCSSW	Ministry of Community Services & Social Welfare in Malawi
MOF&EP	Ministry of Finance and Economic Planning
MOH	Ministry Of Health
MOH&P	Ministry Of Health and Population
MPRSP	Malawi Poverty Reduction Strategy Paper
MSF	Medicins San Frontiers
NAC	National AIDS Commission
MHIV/AIDSSE NAF	Malawi HIV/AIDS Extended National Action Framework
NAF	National Action Framework
NGO	Non-Governmental Organisation
NRC	National Research Council
NRCM	National Research Council of Malawi
NSO	National Statistics Office in Malawi
ODA	Overseas Development Assistance
ODI	Overseas Development International
OVC	Orphans and Vulnerable Children
PEPFAR	Presidents Emergency Plan for AIDS Relief
PLWHA	People Living with HIV/AIDS
PO	Participant Observation
PRM	Participatory Research Methods
QD	Qualitative Design
QM	Qualitative Methodology
QMU	Queen Margaret University
QRD	Qualitative Research Design
SLA	Sustainable Livelihoods Framework
SSA	Sub Saharan Africa
SSI	Semi Structured Interviews
UNAIDS	United Nations AIDS
UNDP	United Nations Development Programme

UNICEF	United Nations Children's Emergency Fund
USAID	United States Aid for International Development
WHO	World Health Organisation
YPA 2008	Children and Young Persons Act 2008

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Chapter 1 : Background of the Study

1.1 Introduction

Fostering of children by the elderly has been a common practice in many parts of the world including Malawi since time immemorial. According to Aspaas (1999) and Isiugo-Abanihe (1985) this has been widely accepted. They highlight that reasons have included mutual benefits for both the fostered child and the guardian. Ideally the foster parent or carer (be it an elderly person or grandparent) would be someone capable to provide for the child resources such as food, shelter, medical care, education and clothes. They were also expected to teach the children they had fostered life and vocational skills and cultural values. In exchange the child/children would help with domestic chores for instance drawing water, tending to domestic animals and cooking. The fostered children could be from their own grandchildren, other kin or from neighbours in their community (Ibid).

However, the past two decades have changed the face of voluntary fostering, especially in developing countries where AIDS has strained fostering patterns (Madhavan, 2004 in Gillespie et al., 2005). The HIV/AIDS pandemic has produced challenges in caring for AIDS patients and orphans¹ and vulnerable² children (OVCs). Although current research shows a reduction in the number of new infections, with most developing countries registering reduced HIV/AIDS prevalence rates, there are still many orphans needing care. UNAIDS, (2011) reports that,

1. According to UNICEF's definition, Orphans are children below the age of 18 who have lost one or both parents

2. Vulnerable children can be orphans or non-orphan/s through desertion, incapacity through illness, disability by biological parent or caregiver. .Additional factors leading to vulnerability include poverty, hunger, lack of access to services, inadequate clothing or shelter, overcrowding, deficient caretakers, and factors specific to the child, including disability, direct experience of physical or sexual violence, or severe chronic illness.

“Sub Saharan Africa (SSA) is the region most affected by HIV/AIDS, accounting for 68% of adults and 90% of children living with HIV/AIDS (UNAIDS, 2007). It is a region that bears a disproportionate share of the global HIV burden (UNAIDS, 2011). In 2010, 22.9 million people were living with HIV/AIDS, a region with only 12% of the global population, yet it comprises 68% of people living with HIV/AIDS” (UNAIDS, 2011 in Njororai and Njororai, 2012).

Malawi is one of the countries in the SSA region worst affected by the HIV/AIDS epidemic (see *Map of Malawi Map1.1*). In 1999, the Malawi HIV/AIDS Extended National Action Framework (NAF) (2010-2012) revealed a prevalence rate of 16.2% of the population. The highest prevalence rate of 24% was reported among the 35-39 year old age group in Malawi Demographic and Health Survey (MDHS), (2004). National and global interventions to fight HIV/AIDS managed to reduce prevalence rate to 12% by 2005; as at 2010 the prevalence rate stood at 11% (MDHS, 2010). First identified in 1985, its impact started to be felt in the early 1990s, as AIDS-related mortality rates increased from 22,000 in 1985 to 87,000 in 2005, reducing the life expectancy from an estimated 56 years to 36 years (MDHS, 1999 in Malawi HIV/AIDS Extended National Action Framework (NAF) (2010-2012).

In 2005, the MDHS estimated the number of people living with HIV/AIDS (PLWHA) at 1.4 million out of a population of 13.6 million - representing more than 10%. In 2007, the number of PLWHA had decreased to 900,000. This could mean (as there is currently no cure for HIV/AIDS) that either 500,000 of those recorded in health centres had died or that they were not followed up (USAID, 2008, WHO, MSF & MOH, 2007). MDHS 2010 data shows under one million Malawians living with HIV, 19% of whom are children under 15, and 47% of who are adult women. AIDS is the leading cause of death, with an estimated 44,000 deaths in 2011, and is a major contributing factor to Malawi's low life expectancy of 54 years. In 2013, the number of PLWHA was estimated to be 850,000; making it the leading infectious cause of death among productive age members (UNAIDS Malawi HIV and AIDS estimates

(2013). In 2013, the number of people living with HIV/AIDS and the number of orphans due to AIDS mortality are presented in the table 1.1below

Table 1.1 HIV and AIDS estimates (2013)

Number of people living with HIV	1,000,000	[970,000 - 1,100,000]
Adults aged 15 to 49 prevalence rate	10.3%	[9.6% - 10.8%]
Adults aged 15 and up living with HIV	850,000	[810,000 - 890,000]
Women aged 15 and up living with HIV	500,000	[470,000 - 520,000]
Children aged 0 to 14 living with HIV	170,000	[150,000 - 190,000]
Deaths due to AIDS	48,000	[44,000 - 52,000]
Orphans due to AIDS aged 0 to 17	790,000	[700,000 - 850,000]

(UNAIDS Malawi HIV and AIDS estimates (2013))

[illegible]

4

Table 1.2 Showing AIDS mortality in selected government ministries from 1990 to 2006

Sector	Number of Deaths
Ministry of Education	1,550
Ministry of Agriculture	2,275
Ministry of Health	3,258
The Malawi Police	2,552

Source: NAF, 2010-2012

These statistics are representative of the major sectors in the country, and none of these statistics take into account the number of people who had died in the informal sector. This is echoed by a study conducted in 23 Sub-Saharan Africa (SSA) countries in 2004, which found that excess mortality was concentrated among women aged 25-39 and among men aged 30-44 (Special Issue on Social Science and Medicine, 2007; Timaeus & Jasseh 2004). It is a major factor in Malawi's low life expectancy of male/female 58/60 years (WHO, 2014). The report reveals the probability of the population dying between 15 and 60 years male/female per 1000 population in 2012 is 376/330 WHO (2012).

This pattern of mortality among these groups has led to an increase in the number of orphans who needed care and support during the sickness and the death of their parents (Ssengonzi, 2007). As of 2006, the total number of children orphaned in Malawi was 1,277,399, forty-five percent of whom (approximately 575,000 AIDS orphans) were orphaned due to HIV-related causes (MICS, 2006; MOH, 2012). By the end of 2009, Malawi had over half a million children orphaned by AIDS, representing 7.3% of all children in the country (Avert, 2010). It is important to mention that this study takes place at what is likely to be the time when there is the highest number of orphans from AIDS mortality. The MPRSP (2007- 2009) projected that children orphaned due to AIDS mortality would reach 650,000, by 2010 which was 120,000 under UNAIDS 2007 and Conroy et al., 2006's projection of 770,000

orphans by 2010 (UNAIDS, 2007; Conroy et al., 2006). As at 2012, UNICEF (2013) in Avert (2013) report that there were over 770,000 AIDS orphans in Malawi representing 59 % of all orphans in Malawi. However, UNICEF reports that there are a total of 1,200,000 children orphans due to all causes (UNICEF 2015:56), different from the Multiple Indicator Cluster Survey in Malawi (MICS) of 2006 which reported the number of orphans to be 1,277,399 and Ministry of Health report in 2012. There are inconsistencies in the reporting of figures regarding the number of orphans in Malawi probably due to inadequate tracking systems for children being orphaned in various districts in Malawi. UNICEF (2015) reports that there were an estimated 790,000 AIDS orphans in 2013 (an increase of about 20,000 AIDS orphans) in one year. However, both HIV and Non HIV orphans require care and support from surviving members of their kin families. Caring for these orphans has become a severe humanitarian crisis, with the rapid increase in numbers making it increasingly difficult to care and provide for all of these children. This enormous task has been widely recognised by researchers, African governments, and international organizations (UNICEF, 1999; Nyamukapa & Gregson, 2004; UNAIDS et al., 2004; HAI, 2005; Heymann et al., 2007; Kidman et al., 2007). These have focused largely on orphans' welfare in terms of physical, social and psychological needs. Like most countries in the Sub-Saharan Africa (SSA) region, the burden of care for those who are ill with HIV/AIDS, and children orphaned due to AIDS, has fallen mainly on the members of the kin family, primarily its elderly members, although other studies suggest that aunts and uncles may be taking an even larger share of this group (Foster et.al, 2005; Foster, 2000). Nevertheless, little is understood about the complex livelihood challenges faced by the elderly caregivers of these orphans.

In Malawi a fifth of all households take care of one or more orphans, with 49% of Female Headed Households (FHH) caring for orphans (Monasch and Boema, 2004). A severe lack of human and financial resources undermines Malawi's ability to support families caring for this magnitude of AIDS orphans (Avert, 2007; Masanjala, 2006, NAC, 2004). The scale of premature deaths

of adults, due to HIV/AIDS, and the large number of orphans left behind, means that socio-economically constrained families, already living in poverty, are often overstretched to the point of exceeding their capacity to take in more deceased relative's children. Given such circumstances, Mann reports that "Any option for care of an orphaned child is unlikely to be ideal," (Mann, 2004: p1)

The extended family system has been overwhelmed, leading to the emergence of child-headed households and to an increased role of the elderly in caring for them. Most scholars have alluded to the fact that kinship care is the most significant and preferred alternative care solution in the absence of natal parents (Foster et al., 2005 UNICEF, 2004, Ntozi and Mukiza-Gapere, 1995; Nyambedha et al., 2003. A UNICEF study in Malawi found that most families who had sent their orphaned children to institutional care centres were scorned for doing so by neighbours, signifying that it has been and remains culturally and traditionally unacceptable to do so (UNICEF, 2011). However, the success of kinship care arrangements is dependent on the strength of links and available resources in the extended family.

The scholarly evidence above attests to how HIV/AIDS has devastated families and communities, felt through the long wave of the illness and death of prime working age members of families, has impacted on elderly members' livelihoods and capability to recuperate and provide for and protect its surviving members (Seeley et al., 1993; Ngwira et al., 2004; Nyamukapa and Gregson, 2004; Madhavan, 2004; Masanjala, 2007). UNICEF Malawi Child Protection Strategy (MCPS) 2012-2016 reported that approximately 47% of children lack three minimum basic material needs (a blanket, one pair of shoes and clothing). The report further revealed high rates of property grabbing among widows (36%) to be a major protection violation but less than one in five women obtain legal support. In these households sixty-eight per cent of girls and 62 per cent of boys are not likely to enrol or may drop out of the school before they reach twelve years (Ibid).

Elderly carers are vulnerable because, with the death of their older children, they have lost a significant mechanism of support (Foster et al., 2005; Masanjala, 2007; Nyambedha and Nyandibba, 2007; Wangui, 2009). Although these studies acknowledge the vital role played by grandparents in providing care for AIDS orphans (apart from also caring for their sick older children), none of them provide a deeper analysis. The Sustainable Livelihoods Framework (SLF), presented in (Figure 2.2) has been used to analyse how HIV/AIDS deaths and orphanhood has affected the livelihoods of older persons and impacted on their caring role of OVCs. This is explained in detail in Chapter 3.

1.2 Definition of the Elderly in this study

A “definition” is necessary in order to clearly direct the objectives of the study. Variations exist, depending on the social setting, on the definition of the elderly. However, there is no general agreement on the age at which a person becomes old (WHO, 2006). In many SSA countries and cultures being older is not defined by numerical age. Most elderly people do not know when they were born, as many people do not possess birth certificates, and tend to use events to determine their age. Apart from biological age, a definition of who is “old” is also determined by what people have achieved in life or through such physical attributes as having grey hair or wrinkles, or by social and functional roles, such as an individuals’ position within families or communities (Ankeola, 2007; UN, 2006). In the study area, a person’s social roles, such as one who initiates young boys and girls into adulthood, or one who leads in funeral ceremonies, or one who traditionally helps young women to deliver a baby, or such as a traditional birth attendant (TBA), or one who leads in cultural ceremonies, or one with a grandchild, were all classified by community members as determinants of who is old or an elder. However, with early pregnancies in many countries in SSA such as Malawi, a parent can become a grandparent at as early an age as 30 years old (FGD with community members, 2010). As such, it is not rare to find that up to a quarter of a population may be considered old in any given culture and historical context. While ageing is a normal biological course in one’s life

cycle, how ageing is perceived, understood and experienced varies across and within cultures. Debates on the chronological definition of the elderly in developing countries has led to the formation of the Minimum Data Set (MDS) on Ageing project, which was set up in 2000 in Harare (Kowal and Peachey, 2001). Collaborators agreed to use the age of 50, as the previous reference point of 60 did not take into account the situation of older people in developing countries. The agreement was reached because the age of 50 not only indirectly incorporated chronological, functional, and social definitions, but also current life expectancies in SSA (Kowal and Peachey, 2001; WHO, 2001). This is so because, with the HIV epidemic, gains made in life expectancy have fallen dramatically so that, for instance, life expectancy in 2012 in Malawi was estimated at an average of 58/60 years an increase from 37 years in 2003 when HIV/AIDS deaths reached their peak, (WHO, 2014; HDR, 2013; World Bank, 2012). The present study uses 50 years as its starting point for ageing and categorises the ages as follows: 50-60 (the young old), 60-70 (the old) and 70+ (the very old) to distinguish their experiences, capabilities and roles in the caring process.

1.3 Significance of the Study

The elderly are frequently viewed by NGOs as an object of pity and a social problem not as an important resource in the role they are playing in mitigating potentially devastating effects of HIV/AIDS on their families (HAI, 2000). Although they have been instrumental in upholding cultural and traditional values and caring for AIDS patients, their contributions are systematically unrecognised. Instead their later life is presumed to be largely dependent on their other household members, communities, or the state. Gorman and Heslop (2003) reiterate that:

“Undervaluing the contributions of older people marginalises them from development thinking and policy, just as it marginalizes other groups such as women and children, and contributes to the persistence of old age poverty. Access to markets, employment, education, micro-finance, and preventative health care, to highlight a

few areas, are seldom considered in connection with older people” (Gorman and Heslop, 2003:555-556).

Too often the elderly have been viewed as passive victims or recipients of government policies and external aid (Adato and Meinzen- Dick, 2002). This study aims to highlight the role of the elderly as agents of change in rural livelihoods since HIV/AIDS has entailed a shift on the part of the elderly from care recipients to carers, food, and financial providers for orphans and sick members of their households. Livelihood studies have neglected this population group. The few studies which focus on the elderly carers, (e.g. Ssengonzi, 2007; Bock & Sara, 2008; Wangui, 2009; Nyasani et al., 2009; Anglewicz et al., 1998-2008; Wangila & Akukwe, 2006; Kaufmann, 1993) have not explicitly examined elderly livelihoods after the death of their children as they care for OVCs. The role that grandparents are playing within their families in Malawi, considering the changes in the dynamics of families, needs to be highlighted. This study attempts to fill a gap in literature in relation to EHHs in Chiradzuru District, the study area, in Malawi (see map1.2). The study will also explore how best to support ECs by enhancing the strategies they are using. This will aim to ensure both the elderly and orphans in their care are adequately supported, to endeavour to stabilise them in trying to rebuild the country’s human capital that currently has been weakened by AIDS. Such is the rationale in endeavouring to find an effective solution to orphan care. Livelihood studies have generally neglected this population group.

1.4 Personal Interest

I have always had an interest in matters dealing with vulnerable groups, especially children, women and the wellbeing of the elderly, having myself a number of siblings who died leaving behind orphans. I also worked with vulnerable groups, women and children in particular in my position as a development projects coordinator for World Vision Malawi. This led me to be inquisitive about thousands of kin members of families who are principal carers of orphans, especially grandparents, often with no one to help them,

either through remittances or just by physically being there to provide resources such as labour or social support. The opportunity to undertake a PhD presented itself and I decided to focus on elderly carers of OVC to inform the government and the populace in Malawi regarding their daily experiences in their role as OVC carers.

1.5 Organisation of the Thesis

Chapter one presents the background to the research problem, including a general overview of the research, the magnitude of both the HIV/AIDS epidemic, the OVC problem in Malawi and the research objectives. Included are the significance of the subject, the motivation for conducting this study and, the definition of 'elderly' as used in this study.

Chapter two presents an in-depth review of contrasting existing literature and perspectives on key themes such as OVC care, kinship care, institutional care, and community care and fostering decisions by comparing the approaches in sub-Saharan Africa (SSA) and global literature. The chapter also provides an understanding of matrilineal and patrilineal descent and their influence on child fostering in SSA and Malawi in particular. This is done by drawing on global studies conducted on the causes of Children Without Parental Care (CWPC)³, as well as literature on HIV/AIDS as a major cause of CWPC in the SSA.

Chapter three gives an overview of the Sustainable Livelihood Framework (SLF) used in the study, and its evolution; and definitions of various concepts in the framework which the study used, its relevance to the study, and its general limitations. The chapter also presents the vulnerability context of Chiradzuru district, the study area highlighting only those areas affecting the ECs. It concludes by presenting the study aims and objectives and the research questions the study sets to answer.

3. All children who are not in the overnight care of at least one of their parents (UN Guidelines for alternative care of children 2009 in Everychild, 2009:10).

Chapter four presents the study methodology, including the Research Design of the study, and the research process itself. Also included in the chapter are reflexivity and ethical considerations. Finally, the chapter presents the study setting and limitations.

Chapters five and six describe the study findings by presenting the context of the study, research participants, and the study findings using the SLF. Chapter five highlights the characteristics of the ten cases and aspects of their broader family histories, which are important in supporting or contradicting what was found in existing literature and the conceptual framework in Chapter three. The chapter concludes by presenting the various vulnerabilities of the elderly carers and their households and the consequences of those vulnerabilities in the care of OVCs.

Chapter six presents findings of various institutions and organisations, policies and processes available that are working to support the poor including the elderly in Malawi and the impact of their policies and strategies in EHH. It also presents finding on the impact of the loss of the ECs adult children on the various assets of the EHH and how they have reorganised their livelihoods to support them and the children in their care.

Chapter seven analyses and discusses the data findings, using the SLF and the existing literature to review and discuss what has confirmed, contradicted, or added to our understanding of the elderly and their livelihoods in relation to the key concepts in the SLF. This chapter analyses the consequences of AIDS mortality of productive age member/s on the EHHs, and their asset portfolios. The role of the matrilineal institutional marriage; death custom/ belief in the area; organisations' policies and processes in the study area, and country as a whole; their effect on the choice of livelihood the elderly are using and links the study to the SLF.

Chapter eight concludes the thesis by revisiting the research questions and providing a summary of the study findings which answered the questions. The chapter further proposes various recommendations based on the study findings drawing on the knowledge, experience and success stories of other

countries in SSA who have gone ahead in putting in place initiatives for the support of the elderly and adapting them to the Malawi context. The chapter concludes by proposing a model of care for the Elderly carers in Malawi.

Chapter 2 : Literature Review

2.1 Introduction

In this chapter, the researcher presents and contrasts existing literature and perspectives on the key research themes: orphan-hood, kinship care, family systems, decision making, extended family and elderly carers in Malawi, SSA and some developed countries. The chapter will highlight factors that are leading to OVCs ending in EHH, factors affecting this relationship and what external players are doing or ought to do, to facilitate OVC and EC well-being. This is contrasted with developed countries – United States of America (USA) and the United Kingdom (UK) to highlight similarities and differences that exist in kinship fostering, but also what other studies on older carers in SSA have found.

2.2 Global review of children without parental care (CWPC)

Globally, there are an estimated 24 million children temporarily or permanently deprived of their family care and who therefore require alternative arrangement for various reasons (Everychild, 2009). The growing number CWPC affects developed and developing countries disproportionately which can threaten achievement of various Human Development Indicators (HDI) and Millennium Development Goals (Everychild, 2009). For instance, in most developing countries such as Malawi, where there are a lack of social support programmes from government, it is the responsibility of the family and community to devise mechanisms of support to ensure the survival of orphans. Mention has to be made that there have been CWPC even before the advent of HIV/AIDS who have been raised in kinship care due to other causes which has been explained later on in the chapter. In the context of HIV/AIDS due to multiple losses of kinship members to AIDS deaths it has been a challenge coping with orphans especially where a significant number of orphans have been left behind without any economic resources or assets to inherit from their parents for their support. Family relations are becoming more elastic and are sometimes over-stretched to accommodate the vulnerable members. Seeley and Foster (2008) highlighted that, those families that are large - blood relationships 'front-line' family members and relatives such as uncles, aunts, grandparents, cousins, etc) and are able to broaden the social safety net of support from the larger family and thereby alleviate some of the burden of childcare. However, it has also

been pointed out that the same networks might characterise a potential drain to resources when asking for support, than smaller families. Equally those countries and communities with well-developed social support mechanisms for CWPC may find it relatively bearable to foster and support CWPC. However, Malawi is currently not in such a position due to lack of policies and human and financial capacity to support the growing number of CWPC. Factors such as HIV/AIDS, child abuse and neglect, endemic poverty, economic migration and family breakdown have contributed to the increase in numbers of children requiring alternative care (UNICEF, 2013).

In the United Kingdom and the USA for example, children are being deprived, temporarily or permanently, of parental care for reasons such as the parent's diminished responsibility due to drugs and substance abuse, parent illness, or the death or imprisonment of a parent. Child welfare authorities and/or the courts may also remove the child from parental care, based on their determination that this is in the child's best interests where it deems the children are in danger of neglect and abuse (van Voorst, 2006; ISS/IRC, 2006; Nandy et.al, 2001). In many cases, children are deserted or surrendered voluntarily by their parents, who believe they are unable to offer their children adequate care. Such children may be 'flagged up' for fostering⁴ by government or non-governmental agencies (Nandy et al., 2001). Once put under the care of private foster carers, kinship carers (grandparents, aunts etc), or non-family foster parents, approved foster carers are entitled to receive financial and other support, in the form of child care subsidy, to help them in the care of these children (Nandy et al., 2001). For instance, in the UK, children in formal and informal foster care are entitled to receive support from the local authority when they are in care and when they leave care, provided they meet the criteria outlined in the

4. Fostering" is used by DHS as a term indicating care provided to children who are not biological offspring of the head of the household (Page, 1986: i).

Children (Leaving Care) Act 2000 (Ibid). The number of children living with relatives and friends is understood to have been increasing, however, partly due to the changing nature of family life (DCSF, 2010), although there are also increasing problems with parental substance misuse, incapacity and neglect (Aldgate, 2009) and the increasing prison population (DCSF and Ministry of Justice, 2007 in Nandy et al., 2001). The fact is that the state in these countries is they are involved in the fostering process because they have policies and strategies in place to facilitate and provides financial assistance in the care of the fostered children.

CWPC in Sub-Sahara Africa

As in developed countries, causes leading to the separation of children from their parents in SSA in pre-HIV era were mostly closely associated with modernization (discussed in much detail in section 2.5 apart from AIDS mortality. In sub-Saharan Africa CWPC are most likely to be found in kinship care. Around 90% of orphaned children in many African countries are cared for by extended family members (Everychild, 2009). Page (1986), in her study of 60 broad ethnic groups spread over seven East and Western African countries, shows as many as 10-40% of children aged 5-14 not living in the same household as their mother (Page, 1986: i). She points out that a child who is not living with his/her mother is often living close by with extended family members, usually grandparents, aunts and uncles, following an informal arrangement.

However, in most cases, this lack of common residence did not necessarily mean a lack of contact or a full delegation of the maternal role (Page, 1986:5). In SSA, grandparents, aunts and uncles have often been instrumental in looking after grandchildren and nieces/nephews, especially when their maternal mother has another young child needing nursing care (Bishai et.al, 2003 in Roby, 2011). Foster (2005) outlined a number of causes and their impact on the kinship system. He indicates that labour or employment-related migration of the parent and urbanisation, incapacity of a parent due to sickness, separation due to armed conflict, or even as a result of a single parent remarrying and leaving their child/children in the care of members of their extended family (Ibid), were all possible reasons for the absence of parental care. Analysis by Isiugo-Abanihe, (1985) revealed that larger families living in extreme poverty and children born to unmarried parents were more likely to be

fostered out or abandoned. A study by Pennington (1991), in Botswana, found that younger children, girls, and children born to unmarried parents were the most likely to be fostered, usually with female relatives past the years of child bearing, such as grandparents. Among some tribal groups, fostering is prescribed in certain situations. For example, Herero-speaking mothers who marry or remarry “are expected to find other arrangements for raising children they have had with other men” (Pennington, 1991:101).

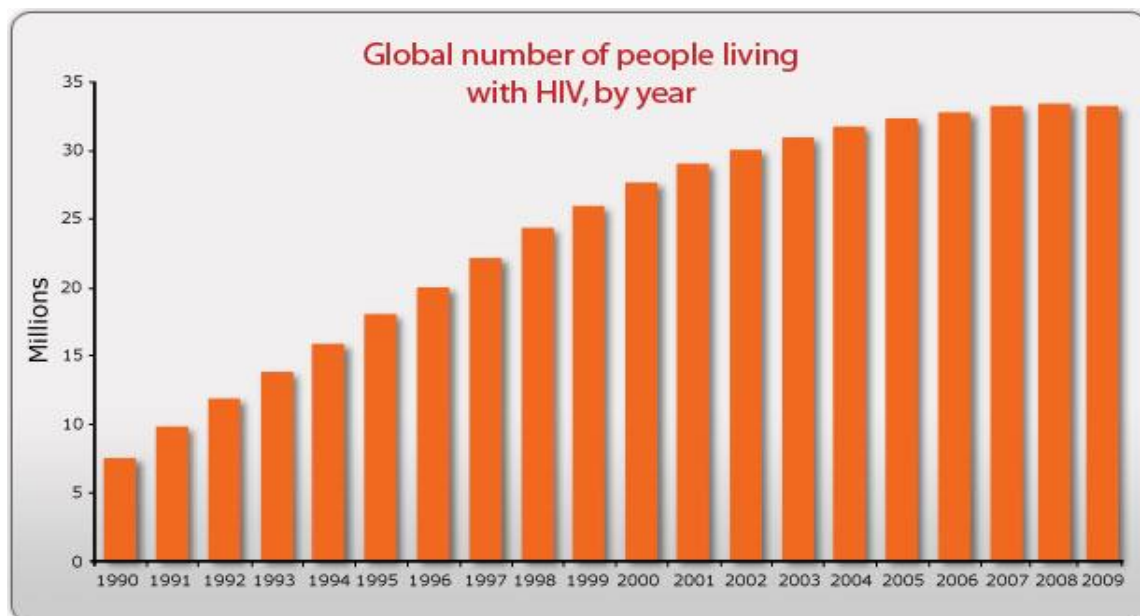
The major difference with developing countries is that governments, especially those in low income countries (LICs) such as Malawi, may not act upon their obligation to provide care due to reasons highlighted earlier in the section. A study conducted in Zimbabwe found that the non-biological care rate was twice as high in rural households as in urban households (Roby, 2011). In Swaziland, the disparity was even more intense, with 40.1 per cent of all rural households delivering non-parental care, three times the proportion of urban households (ibid). This is likely to be due to high child care costs and employment demands in urban centres, although there is no available information to establish a firm correlation. It has to be borne in mind that, as long as extreme poverty persists, there will be parents who will feel they must entrust their children to others as they migrate to other areas that are more commercially viable, in order to better their lives and those of their children (UNICEF, 2011). This indicates that, before the influence of the HIV and AIDs pandemic in 1985, there had been children without parental care for a number of reasons. However, the drastic rise in the number of CWPC in the last decade due to AIDS mortality has led to alternative care for these children through crisis-led fostering mostly by aged members of kinship. The number of orphans in Sub- Saharan Africa has risen by more than 50% since 1990. Even with efforts to reduce the prevalence of HIV, the number of orphans will continue to grow in coming years due to the time-lag between infection and death (UNICEF et al, 2006).

2.3 Global and SSA HIV/AIDS situation

Globally, the number of PLWHAs grew from around 8 million in 1990 to about 33 million by 2009, See Figure 2.1. This study did a literature search for the number of orphans in the pre-HIV/AIDS era, on how many of the AIDS- related deaths leave orphans, but such statistics are unavailable. However there have been orphans and

CWPC in the pre-HIV/AIDS era from other causes and there are many HIV/AIDS deaths which are leaving behind orphans needing care. A growing body of knowledge exists on the orphan crisis in many regions worst impacted by HIV/AIDS such as the SSA and Asia due to the onset of HIV/ AIDS (Foster et al., 2000; Ngwira et al., 2004; Nyamukapa and Gregson, 2004; Madhavan, 2004; UNICEF et al, 2006; MICS, 2006; Ssengonzi, 2006; Oleke et al., 2006; Abebe & Aase, 2007; MOH, 2012. Since its detection over 30 years ago, the HIV/AIDS epidemic continues to ravage communities, changing household structures and giving rise to multi-generational households although in some places this has been the established norm like in Asia.

Figure 2-1: Global number of people living with HIV, by year



Source: HIV Fact sheet, 2011

Table 2.1: 2012 global and regional statistics for PLWHA, new infection and deaths

Region	PLWHA, 2012		New HIV Infections, 2012		AIDS Related Deaths, 2012 Total
	Total	Children	Total	Children	
SSA	25.0 million	2.9 million	1.6 million	230000	1.2 million
South&S.East Asia	3.9 million	200000	270000	21000	220,000
East Asia	880000	8200	81000	1500	41,000
Latin America	1.5 million	40000	86000	2100	52,000
Western and Central Europe	860000	1600	29000	< 200	7,600
North America	1.3 million	4500	48000	<200	20,000
E. Europe & C. Asia	1.3 million	19000	130000	<1000	91,000
Caribbean	250000	16000	12000	<500	11,000
Middle East & North Africa	260000	20000	32000	3000	17,000

Source : UNAIDS 2013 Global Fact sheets

In 2012 alone, the SSA region registered 1.2 million HIV/AIDS related deaths (See Table 2.2). It should be borne in mind that in most countries in SSA, especially in rural areas, health centres, hospitals and clinics are inaccessible to most of the population. This is owing to long distances, poor road infrastructure, lack of generally affordable public transport, lack of health personnel at some health care facilities, and poverty. As such, most AIDS patients die at home (Barnett and Whiteside, 2002)

and the deaths go unrecorded. This figure for HIV/AIDS related deaths therefore represents only those who die in hospitals, clinics and health centres.

Just as the spread of HIV has been greater than predicted, so too has been its impact on household structure, social capital, population structure and economic growth. Barnett and Whiteside (2002), highlight that the HIV scourge is a development catastrophe, which deepens poverty and enhances inequality at every level, from the household to the global. AIDS has overturned progress towards international development goals, as productive aged members of society continue to succumb to AIDS deaths, affecting the labour market. Countering AIDS on a scale proportionate with the epidemic has been a global challenge.

Socio-cultural issues, such as cultural and traditional beliefs practised in various parts of SSA, have been reported to be among the reasons for the high number of HIV/AIDS infections - traditions such as having multiple sexual partners, “*Fis⁵*” tradition practised in some parts of SSA including the southern part of Malawi, gender-based violence and widow inheritance among the Langi and Luo in Uganda (Oleke et.al, 2005). The majority of the guardians of these traditions and cultures are the elderly, who are generally excluded from HIV awareness and training. For instance a study in Zimbabwe among grandparents found that most of them had not attended training on HIV/AIDS and that most of them did not access loans for small scale businesses (Nyamukapa and Gregson, 2006; Veenstra and Luginaah, 2005).

2.3.1 The decline of HIV/AIDS infection and AIDS-related deaths

According to UNAIDS (2013), there has been a reduction in the number of new HIV infections. Over the last three years there were about 600,000 fewer new HIV infections globally in 2011 than in 2001 (see Table 2.3). UN Millennium Development Goal (MDG) 6A⁶ called for global efforts to arrest and to reverse the epidemic by 2015. This objective motivated unprecedented action against the AIDS epidemic through supporting low and medium income countries (LMICs) with finance, human resources, antiretroviral treatments/therapy (ART) and prevention of mother to child

5. When a married man dies, before burial is done, a brother, cousin or someone closely related to the deceased man sleeps with the widowed woman and then burial takes place.

6. Millennium Goal 6A To halt by 2015 and begin to reverse the spread of HIV/AIDS

transmission (PMCT) (UNAIDS Global Report, 2013). One year away from 2015, most countries have made remarkable progress. New HIV infection figures from the years 2007 to date show a decline in new infections of up to 33% (2.8 million in 2001).

Table 2.2 2013 Global HIV/AIDS Fact Sheets

Year [20xx]	01	02	03	04	05	06	07	08	09	10	11	12
PLWHA (in millions)	30.0	31.0	31.7	32.2	32.5	32.8	33.2	33.5	34.0	34.4	34.9	35.3
Total New HIV infections adults(million)	2.8	2.7	2.6	2.4	2.3	2.3	2.2	2.2	2.2	2.2	2.2	2.0
New infections children (,000)	550	560	560	550	540	520	480	450	400	360	310	260
AIDS related deaths (million)	1.9	2.1	2.2	2.3	2.3	2.3	2.2	2.1	2.0	1.9	1.8	1.6
PLWA accessing treatment (million)					1.3	2.0	2.9	4.1	5.3	6.6	8.1	9.7
Resources (US\$ Bn)		3.8	4.6	5.7	7.4	8.8	10.5	14.6	15.5	15.6	17.1	18.9

Source: UNAIDS 2013- Getting to Zero UNAIDS Communications

The New York global agenda in 2000 acknowledged the historic impact of the AIDS epidemic. This agenda agreed on an effective response to halt and begin to reverse AIDS epidemic by placing it in the context of the broader development agenda, thus MGD 6A was one of the agreements. The members realised that the persistent burden of communicable diseases such as AIDS undermine efforts to reduce poverty, prevent hunger and preserve human capital in the world's resource poor countries.

2.3.2 Anti-retroviral Therapy (ART) availability and accessibility

Efforts have been made by government agents, WHO, UNAIDS, and the Global Fund to Fight HIV, Tuberculosis and Malaria (GFATM) to increase the availability and accessibility of ART, by both developed and Low and Medium Income countries (LMIC), to prevent premature death of those infected with HIV/AIDS. The global movement to reduce the price of medicines and expand access to antiretroviral therapy (ART) continues to gather momentum. In sub-Saharan Africa (SSA), the region with the highest number of people living with AIDS, millions of dollars are being directed at this cause through governments as well as through the Global

Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank, and bilateral overseas development aid. Private foundations such as the Gates and Clinton Foundations, and nongovernmental organizations (NGOs) such as Medicins Sans Frontiers, (MSF) are providing additional funds and technical support. The philosophy behind the promotion of ARVs among all nations is to prolong life so that People With AIDS can lead active health and productive lives and be able raise their children until such a time that they are able to be independent. The aim of antiretroviral treatment is to keep the amount of HIV in the body at a low level. This stops any weakening of the immune system and allows the body to recover from any damage that HIV might have caused already. Nonetheless, McCoy et al., 2005 in World Health Report 2004), reiterate that the additional funding to combat HIV/AIDS and increase access to ART will not change the fact that most SSA health systems have inadequate resources.

For instance, in Malawi, the projected addition of approximately \$40 million per annum from Global Fund grants would increase total per capita health care expenditures by less than \$4, which would still leave annual per capita health expenditures about \$10 short of the estimated \$30 required to provide full coverage for a package of essential health services, excluding ART. Underlying the concern is the fact that treatment expansion plans and programs are being implemented without adequate investment in strengthening weak and in some cases collapsing, health systems in SSA (McCoy et al., 2005). A large number of health care systems in SSA are currently grossly under resourced. The available number and skills of doctors, nurses, and other health workers fall short of what is required to deliver an adequate health service, a problem that has been worsened by inadequate funding to train more medical personnel and the international brain drain of a few health workers trained to developed countries, and the effect of HIV/AIDS itself on health workers (Padarath et al., 2003 in World Health Report, 2005). In Malawi, for example, in 2003 there was only 1 physician for approximately every 50000 to 100000 people (by contrast, a developed country may have 1 physician for every 500 people (Aitken, 2003 in World Health Report, 2005). See MSC report below for Malawi.

Table 2.3 Staffing supply in Chiradzuru District

Hospital	Posts	Vacancies	Unfilled (%)
Doctors	1	0	0
Clinical Officers	10	4	40
Medical Assistants	9	7	78
Nurses	75	52	69
Community Nurses	19	14	74

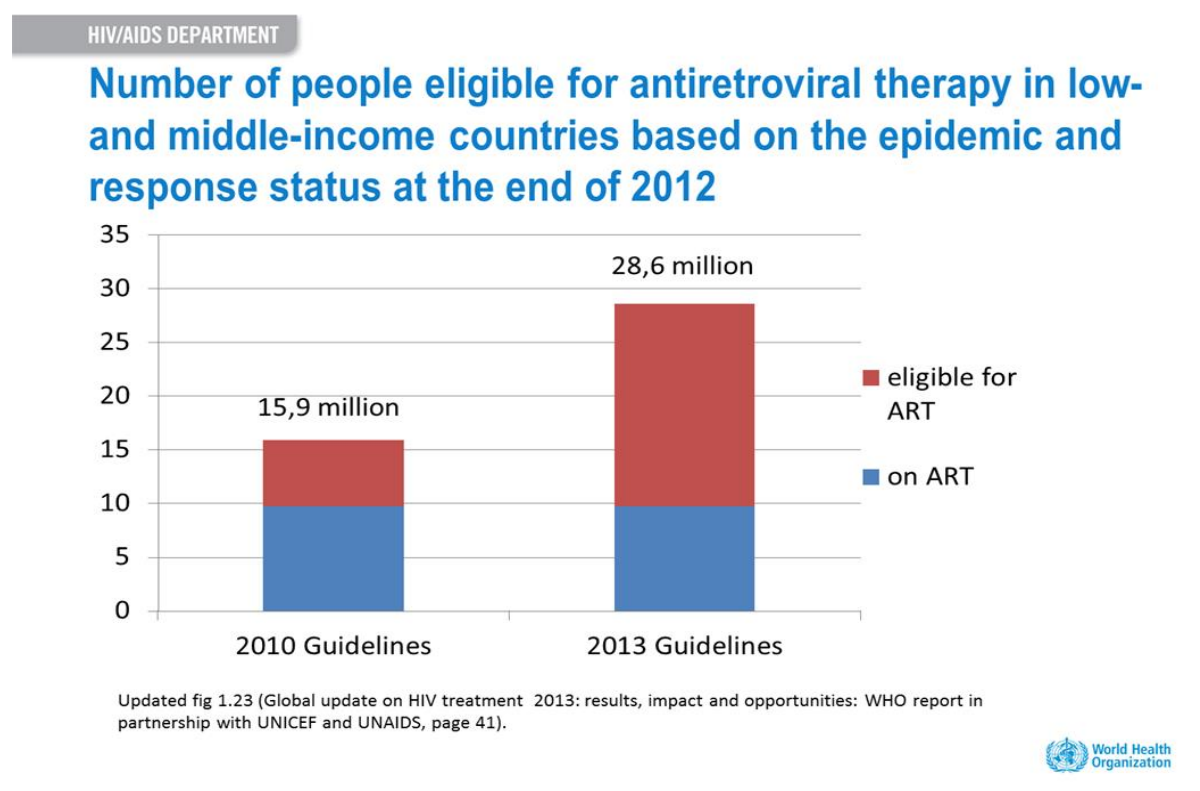
Source MSF Chiradzuru, 2004; WHO, 2004

Malawi

Fund support to the Malawi's health sector for ARVs purchases began in June 2004. Prior to that, only nine public sector facilities offered ART, reaching just 3,000 people, or 1% of the national need. In 2011 according to UNAIDS figures, 910,000 people were living with HIV and 44,000 AIDS-related deaths were reported in 2011 (UNAIDS, 2012). According to Nyaka (2014) report in AIDSPAN Global fund observer, with donor support, Malawi scaled-up its ART services. In 2010, out of an estimated 580,000 people eligible for ART; 404, 905 had access in 2011 (UNAIDS, 2013). Ministry of Health put the estimated coverage of 80% in 2012 (see figure Fig1.1 above). While this was reported by UNAIDS, PEPFAR put the national ART coverage by the end 2012, to be at 59% of the estimated population in need of ARVs on MoH's HIV treatment program which had 391,338 patients alive and on ARVs, an increase of 32% from 2011 (PEPFAR Malawi 2013 country operational plan). However, those successes are under threat because of the acute shortage of trained health personnel in the public sector. World Health Organization recommendations encourage a ratio of seven health care workers for every 1,000 patients on ARVs. As of 2010, Malawi's ratio was about half: 3.54 health workers/1,000 ART patients. Malawi has only two doctors and 37 nurses and midwives for every 100,000 people. It also has to be borne in mind that the health sector has also been badly hit by the AIDS epidemic. Such inequalities in resource distribution, access to medical supplies, inadequate staffing, inadequate funding for the construction and maintenance of infrastructure and equipment but also access to economic resources by most population groups in SSA are slowing down the containment of AIDS related

mortality. According to WHO, UNICEF AND UNAIDS (2013) and MSF, 2004 report, not all PLWHA eligible for ART especially in developing countries are able to access ARVs for various socio-economic and structural problems, see figure 2.2 below.

Figure 2-2 Number of people Eligible for ART in low and Middle-income countries



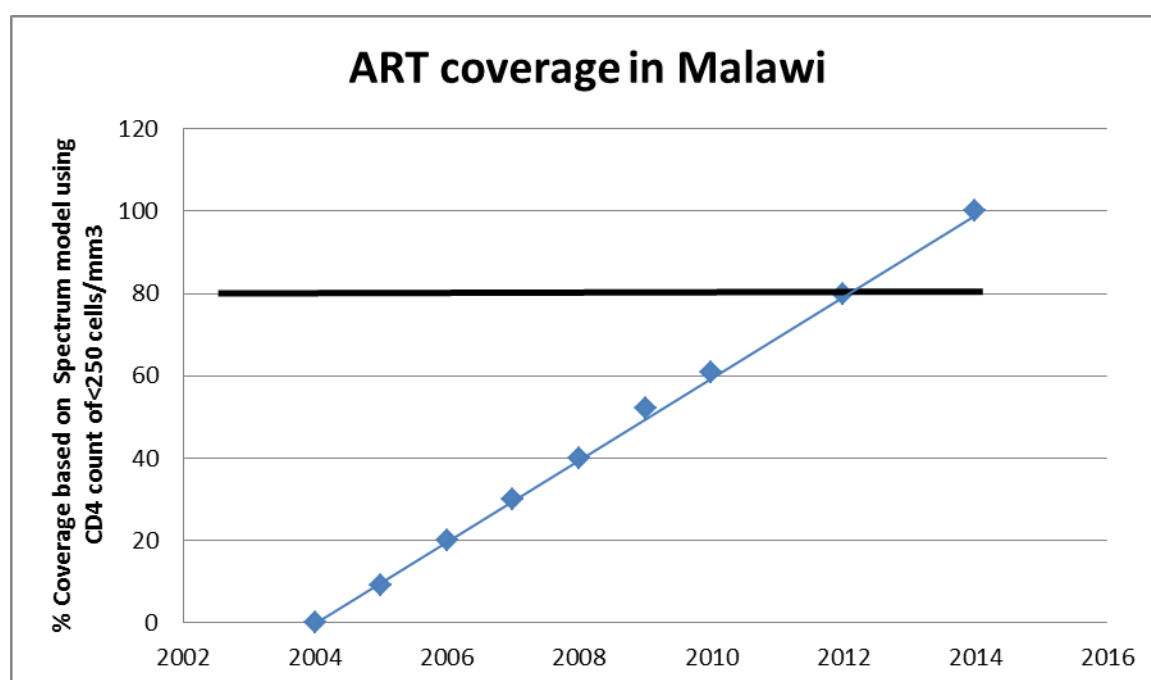
Nonetheless there has been a decline in number of AIDS related deaths to 1.6 million deaths in 2012; down from 2.3 million in 2005 (UNAIDS Global Report, 2013).

2.3.3 Chiradzuru district HIV and ART updates

Chiradzuru district, the study site, was the first district to benefit from Medicins sans Frontiers antiretroviral (ART) program implemented in public facilities in Malawi early 2001. Chiradzuru district then had HIV prevalence of 17 percent. The district had a population of 252 000 in 2002, 90% of whom earned their living by farming. It was estimated that 25% of the adult population was HIV-positive and that over 2,500 people were in stage 4 of the disease and in urgent need of ART, while 5000 were symptomatic and would also benefit from immediate access to treatment (Maman, et

al., 2013). Of the 2317 patients who commenced ART at the beginning of the programme in 2001, and for whom complete data exist, 230 died and 169 were lost to follow-up. In addition, 99 experienced side-effects attributable to ART which were severe enough to necessitate that at least one drug be changed (WHO, 2004). Since the inception of the programme, 2692 patients have started ARVs, the difference of 498 being attributable to death, loss to follow-up, or discontinuation of treatment. Beginning in early 2003, HIV clinics had been run by two clinicians initiated at 8 health facilities in the District. In March 2004, 3122 patients were attending for consultations, of which 2194 were receiving ARVs, a fourfold increase over the previous year. Between July 2004 and September 2007 an evaluation of the programme was carried out. A total of 1637 individuals were eligible, 981 pre-ART and 656 ART patients. Of the pre-ART patients found, 49% had died (51% of adults and 38% of children), a median of 47 days after defaulting, and 14% had moved away. Of 451 ART patients found, 54% had died (54% of adults and 50% of children), a median of 52 days after defaulting, and 20% had moved away. Main reasons for defaulting were stigma, care dissatisfaction, improved health leading to ARVs discontinuation, poor understanding of disease or treatment, and drug side effects (McGuire et al., 2010). By the end of June 2013, 27,000 patients (within a district of 280,000 population (in 2013) were on ARVs which were being administered at 11 health facilities. MSF study in Chiradzuru showed that 65.8 percent of people eligible to receive ARVs were receiving it, and a population-based survey revealed that there was also a very low level of new infections (0.4 percent), suggesting that the large distribution of HIV treatment has played a role in reducing transmission (Medicins sans Frontiers Update, January 22, 2015). The target is to have 43,000 patients under treatment within a year, out of an estimated 85,000 people who currently need treatment. The critical problems though was shortage of health workers in Malawi because of a lack of sufficient numbers of newly trained personnel, difficult working conditions in rural areas, migration to countries where salaries are higher, HIV-related mortality, and other factors (MSF, Chiradzuru, 2013), resulting in some areas and groups being underserved.

Figure 2-3 ART coverage in Malawi



Adult and Child ART coverage in Malawi (source: *Malawi Health Sector Strategic Plan 2011 – 2016: 27*)

There exist structural environmental and geographical factors which can be beyond some patients which influence their vulnerability apart from economical costs (Parkhurst, 2012). According to the Malawi Health Sector Strategic Plan (2011 – 2016) staff accommodation especially in hard to staff/serve areas, lack of infrastructure due to inadequate funding to construct and maintain infrastructure and equipment push staff away from working in these areas.

Apart from staffing issues, various structural challenges such as poverty and economic inequality which can be beyond some groups of patients may influence their vulnerability (Parkhurst, 2012). While this remains the case, a case study in Malawi in 2013, conducted by Umunthu foundation, an International partner of AVERT overseas found that a quarter of HIV-infected women, recruited in the study, only began taking ARVs during the breastfeeding period because of limited availability and accessibility to ART by pregnant women more especially in semi-urban and rural areas, compounded by inadequate number of antenatal care (ANC) settings with integrated ART services, inadequate funding for sustainable universal access of PMTCT and low male involvement in maternal and PMTCT programmes, as male support is critically important for effective PMTCT. Parkhurst (2012) defines

these as structural factors which must be included in HIV prevention and treatment to achieve substantial and sustainable HIV prevention success. Other compounding challenges that have been reported have included long distances to get to nearest health centres to acquire ARVs, economic poverty to access public transport as well as a lack of infrastructure to support distribution of ARVs.

The situation outlined above is described by Farmer et al., (2006); Gupta et al., 2008 and Ogden et al., 2011) as structural violence which must be addressed to lessen inequalities in access- economic barriers, social inequalities, gender inequalities to incorporate structural interventions in medicine and public health. A fuller discussion of structural violence is found in section 2.3.5 below. Distal and proximal interventions must be complementary (Farmer et al., 2006). For as long as there remain disparities in geographical coverage of ART, medical services being sold as commodities, they will remain available to only those who can access and purchase them. The lack of social and economic rights is fundamental to the perpetuation of structural violence. A few scholars have indicated that HIV/AIDS is a long wave of illness that takes a long time before one succumbs to AIDS death Masanjala, 2006; Ssengonzi, 2007; Monasch and Boerma, 2004; Ngwira et al., 2004). During this period most households tend to lose savings they might have accumulated pushing them into deep economic poverty. Issues such as public transport to support access to health facilities or buy health services are critical to consideration for effective ART access programmes (Farmer et al., 2006, Parkhurst et al., 2008; Gupta et al., 2008). Chronic poverty exists in most semi-urban and rural areas in Malawi which is beyond the control of most AIDS sufferers but not beyond the reach of policy makers and planners to address. AIDS sufferers need adequate nutrition intake for the ARVs to be effective in their body; however, most of the patients on ARVs may not be able to afford food supplies, let alone food of adequate nutrition. This has contributed to many AIDS patients' in need of ARVs unable to access them, but also maintain their intake (Farmer et al., 2006). In 2012 Malawi reported a 40 % AIDS related mortality reduction (45,600), (Malawi Demographics profile 2014). The global positive response to the HIV/AIDS epidemic through increased financing, as well as increased their domestic investments for HIV by LMIC, accounting for 53% of all HIV related spending (UNAIDS, 2013), are commended for this decline. Africa has slashed AIDS-related deaths by one third in the last six years (UNAIDS, World AIDS

Day, 2012). In Southern Africa, where most countries have large numbers of people living with HIV/AIDS and HIV prevalence, UNAIDS (2013) reports that,

“There is a decline in new infections among adults from 550,000 in 2001 to 260,000 in 2011 with the rate of new infection declining by more than 50%.”

Although UNICEF does not tell the age of the young people, new infections among young people remain particularly high at 450,000 in 2011 (UNICEF Report, 2011; Nyasa Times Report, 31st July, 2013; Joint United Nations Programme on HIV/AIDS, Report on the Global AIDS Epidemic, 2010). In addition, Universal access to anti-retroviral drugs to prolong life remains inadequate. This is largely due to lack of infrastructure, health and other facilities, as well as human resources, in most resource poor countries including Malawi (Urussa, 1997; WHO and UNAIDS, 2006). There is still more effort to be done to achieve universal coverage in LMICS which, at present, stands at approximately 35.3% (UNAIDS Global Report, 2013). While the gap in access to treatment remains large, this figure represents an improvement from 31.0% in 2007. Out of the 28.6 million people eligible to receive ART in 2013, 9.7 million people were receiving ART in LMICS, representing 34% of those eligible (UNAIDS Global Report, 2013:47). Although the figures differ due to reporting anomalies, there is a significant improvement.

2.3.4 Rising numbers of OVC due to HIV/AIDS

As noted in Chapter 1, due to the rising OVC numbers due to HIV/AIDS in addition to the challenge of fighting the epidemic, countries such as Malawi are shouldering the current and future burden of ensuring the protection and care of the OVCs and other children made vulnerable by HIV/AIDS (UNAIDS, 2006). Although ART were rolled out, there were still AIDS deaths in Chiradzuru district and Malawi as a whole most of who left behind orphans. As at 2013, there were an estimated 790,000 orphans due to AIDS deaths in Malawi (refer Table 1.1 above). Despite that ARVs have been rolled out to all hospitals and some of the health facilities in Malawi, not all people who are eligible to be on ARVs have access to them for the reasons highlighted above (WHO, 2014 in Ministry of Health and population report). Of the approximately over one and quarter million orphans in Malawi, 500,000 have lost one or both parents to AIDS. There are also children orphaned to various causes which are estimated at half a million (UNICEF, 2012).

However, according to the IHPS carried out between 2010-2013 there was a minimal decrease of 0.3 percent of the children less than 15 years who lost at least one of their parents, from 10.2 percent in 2010 to 9.9 percent in 2013. It also shows a significant increase of 5.3 percent for those who lost their father only, from 56.7 percent in 2010 to 62.0 percent in 2013. A significant decrease of 5.9 percent is similarly observed for children who lost both of their parents, from 22.1 percent in 2010 to 16.2 percent in 2013 which can be attributable to availability of ART. The impact of the epidemic has affected all levels of society but nowhere has it been more devastating than on children most of whose parents have succumbed to AIDS deaths.

The relationship between double orphans and the rate of non-parental care are key to understanding the prevalence of informal kinship or alternative care. HIV/AIDS is accelerating the breakdown of families, particularly in SSA, as the productive age group continue to succumb to AIDS. The vulnerability of children and the families presumed to foster OVCs is entrenched in problems of household and community vulnerability and economic poverty. It is the inadequate financial capability to respond to natural needs of children (Urussa et al., 1997; Madhavan, 2004). This, and sometimes stigma, have given rise to child rejection, hostility, isolation and human rights violations (Foster, 2005) and child circulation practices⁷ - from socialisation of children by members of extended family to care and utilising of their labour (Roby, 2011). This has made most grandparents carers for the children to reduce the perceived trauma of child circulation. Most countries in SSA lack both the financial capacity and the policies to support foster care and child care. As such, most children in need of care are not reachable by either governments or non-governmental agencies. While the family has the primary responsibility for care and protection of children, national governments have the definitive responsibility to protect children and their well-being (UNICEF, 2005).

7. Children who change homes to respond to labour needs of the households, while he/she receives care.

2.3.5 Structural violence and structural drivers of inequality in access to ART

According to Galtung in Farmer et.al, (2006: 1686) structural violence is “the avoidable impairment of basic human needs or the impairment of human life which lowers the actual degree to which someone is able to meet their needs below that which would otherwise be possible”. The low- level violence experienced in many people’s lives is created by and in long standing ever-present social structures, normalised by stable institutions and usual experiences. Often they appear to be so ordinary in our way of understanding the world, that they appear almost invisible. Unequal access to resources, political power, education, health care and legal standing are some of the examples. According to Parkhurst, (2012) structural approaches to HIV grew out of the failures in the past efforts to change risk behaviour by providing individuals with information alone, arguing that HIV risk behaviours can only be significantly and sustainably altered by taking into account the up-stream aspects which shape those patterns of behaviour in the first place. Structural factors can include community level aspects, such as gender norms, stigma or mobility of the local population as well as broader macro-social factors such as macroeconomic opportunities. Structural drivers have recognised these and began to mitigate the risks that accompany migration, poverty reduction, or gender empowerment rather than trying to avoid these processes to avoid exposure (Auerbach et.al, 2011 and Deane et. al, in Parkhurst, 2012). For instance in the case of ARVs access by all AIDS patients, clinical health specialists treating the disease ignored social factors such as poverty, gender inequality, economic barriers at the point of care, and affordable transportation to ART treatment centres. These social issues decrease the effectiveness of distal services and of prevention efforts. For instance, Maliseni, (2014) in his report on Malawi highlights that with a population of around 16 million, an estimated 1.2 million people live with HIV/AIDS. The reports suggest that 180,000 cases are among children with approximately 16,000 new cases developing each year. This is despite the availability of PMCTC in all hospitals and most of the Health facilities in the country. One such thing that can stand in the way of the success of PMCT is poverty, economic inequality that is persistent in Malawi as well as gender inequality. As long as men are not involved in PMCT programmes their success will be hampered by inequalities that exist between men and women. Gupta et al., (2008) highlight the need to address broader structural

issues such as women's economic dependence that contribute to their HIV vulnerability and that of their children.

Again, distal services are providing PMCT to pregnant women with HIV/AIDS to prevent the unborn from contracting HIV/AIDS. However, once the child is born, these women are required not to breastfeed their infants to avoid passing the virus to them. In the context where poverty is rampant like most rural communities in Malawi where 85% live below the poverty line, infant formulas are highly unaffordable and long distances to health centres and hospitals to access free formulas decrease the effectiveness of conventional clinical based services. Farmer et al., (2006) reported the challenge to reach rural Africa where a fewer than 5% of those who need ARVs receive them. The number may be lower now, however not all patients eligible to get ARVs access them due to structural challenges.

2.4 Models of OVC care

The UN Convention on the Rights of the Child adopted by the UN General Assembly in 1989 stresses the need to allow children to be raised in their own families and communities for various beneficial reasons including socialisation into their culture, to avoid the stress of a new environment and to keep family ties intact. Likewise, most countries in SSA, such as Malawi have a traditional system for caring for vulnerable children which promotes the ideal of keeping children within their communities. The government of Malawi and the Child Care Protection and Justice Act (2010) also advocate that children should be raised; wherever possible, within their families and communities, as new environments can further stress children who are already stressed by the death of their parents. However, there have been and continue to be circumstances where the children's best interests mean they cannot be allowed to remain in their own environment. This is the point at which alternative care arrangements are explored. These include adoption, fostering, guardianship, kinship care, residential care and other community based care arrangements (UNICEF, 2011). In Malawi, as in most of the countries in SSA, formal adoption and guardianship are uncommon practices. This is because there are no formal policies or procedures and, therefore, no systems in place to monitor child care, child abuse, neglect, family breakdown etc. in families and communities. For instance, UNICEF

found that the Ministry of Social Welfare in Malawi which is a gatekeeper for families and children lacks capacity, policies strategies to facilitate and monitor child care and welfare, child placement and adoption processes (UNICEF, 2011). Apart from that, there are inadequate human resources and training required to facilitate these processes (Ibid.). Nevertheless, there are children in SSA and Malawi living in informal alternative care⁸, mostly with kin members, or neighbours, institutionalised care, or in/on the streets, often with other non-related children.

2.4.1 Kinship Care

Kinship care is an arrangement where a child, who cannot be cared for by their biological parents, goes to live with a relative or a family friend (Aldgate and McIntosh, 2006). Some studies have highlighted the emphasis that western culture has placed on the nuclear family, with a European model family being one that places primary concern on the conjugal unit (Caldwell, 1982). However, in the UK, there is a long standing account of children being raised by relatives or friends, although, until recently, not much was known about these kinship care arrangements. Studies carried out by Aldgate and McIntosh (2006), Farmer and Moyers (2008), Hunt et al., (2008), and Ince (2009) began to inform the contexts which led to children living with family or friends, and the consequences of these arrangements for kin family and children. Most research has dwelt on the children placed with relatives or friends who have been officially approved by Children's Services as formal kinship foster carers. Although there has been a lack of research regarding informal kinship care⁹ arrangements made between a parent and a relative or friend in the UK, according to Nandy et al., (2001) these informal forms of kinship care make up the mainstream of kinship arrangements. Lately, a number of legislative Acts have been instituted in the UK to encourage the use of formal kinship

8. As defined under the Guidelines for the Alternative Care of Children (hereinafter the Guidelines), these children are without parental care and live with relatives or family friends without State involvement in selecting or monitoring those arrangements (Roby, 2011; UNICEF, 2011).

9. Any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends or others in their individual capacity (Roby,2011:10)

care enshrined in the Children Act 1989 (Sec 23 (2) ii) and reinforced by the amendments to the Act in 2011 (Sec 22c), the Adoption and Children Act 2002 and the Children and Young Persons Act 2008. According to the 2001 census, 139,000 children were living in non-family households in the UK; this includes living with adults or other relatives who were not their parents (Smallwood and Wilson, 2007 in Nandy et al, 2001).

Fuller-Thomson et al. (1997), report findings from the 1990 census, show a remarkable increase of 44% over the previous decade in the population of children living with grandparents or other relatives in the USA. Five per cent of all American children were living with grandparents or other relatives by 1990 and in one third of these homes neither parent was present (Ibid). The disproportionate representation of African Americans among grandparent caregivers may reflect, in part, a long tradition of care-giving across generations in African-American families, which it is argued, has its roots in West African culture (Sudarkasa, 1981; Wilson, 1989 in Fuller et al., 1997). However, the primary reasons suggested for the increased number of grandparents' care-giving among the entire American population are linked to an upsurge in drug addiction, incarceration, teen pregnancy, and incapacitation due to HIV/AIDS.

In Thailand, a mixed-methods study of 768 adults at 85 different sites revealed that, of all the children orphaned due to AIDS, 47 per cent were living with grandparents (56% of these were double orphans) (Knodel & Saengthienchai, 2005). These various studies reveal how widespread the use of kinship care is in the world, although the reasons for its use vary. With formal or informal kinship care in countries like the USA, UK and Thailand, there are policies in place to protect and safeguard children. There are also social care support in the form of financial subsidy for child welfare costs and health insurance,.

2.4.1.1 Kinship care in Sub Saharan Africa (SSA)

Kinship care is an intergenerational enterprise carried out privately within extended members of families; therefore, OVCs rarely rely on institutional care (Abebe and Aase, 2007). This is embedded in the saying that "A child is not for one person". In actual fact, it is an extensive network of relationships and responsibilities involving all the stakeholders - child, parents and the wider extended family are all involved

(Madhavan, 2004; Foster, 2002; Goody, 1982). There is positive evidence that informal kinship care¹⁰ is advantageous to the child both in SSA and everywhere. Bishai (2003), and others, have established that the degree of relatedness is a pivotal factor in the quality of care that children in informal care receive, suggesting blood relatedness as the most important predictor of the quality of care given to children in Uganda (Bishai, et al., 2003 in Roby, 2011).

Patterns of extensive fostering - the actual relocation of a substantial proportion of children away from their biological parents - appeared as early as the 1960s (Goody, 1982; Page, 1986). When HIV/AIDS was first identified in the 1980's, Foster (2005) states that, even when a family had inadequate resources to care for existing family members, orphans were taken in. The extended family was perceived as a means of providing for the physical and nutritional needs of children in addition to initiating them into the cultural practices of that particular community (Ankra, 1993; Freeman and Nkomo, 2006). For most African societies, kin members with support from the entire community, have repeatedly been highlighted as the model that has worked to guarantee the survival of CWPC. However, recent studies in SSA suggest that, in many parts of the region, the traditional safety net of the extended family has been stretched by the dramatic rise in the number of orphans and children in need of care, caused by the HIV/AIDS epidemic (Masanjala, 2007; Nyambedha et.al, 2001; Ankrah, 1993; Bledsoe and Isiugo-Abanihe, 1989). Issues such as household and community vulnerability and poverty have from time to time been referred to as weakening the traditional family extended system that has previously worked. As a consequence, there has been a rise in the number of Child Headed Households (CHH), Elderly Headed Households (EHH), Street Children (SC) and a greatly weakened extended family system (UNICEF, 2005, Masanjala, 2007; Nyambedha et.al, 2003 and Nyesigomwe, 2006; Ssengonzi, 2007& 2009; Freeman and Nkomo, 2006; Oleke et.al, 2005; Zaba et.al, 2004; Foster et.al, 2005, 2004).

Others argue that the system continues to cope relatively adequately with the challenges of care for orphans, and rather than weaknesses, acknowledge changes in observed practices and roles of the extended family that is adapting and redefining

10. Informal kinship care is a private arrangement whereby the child is looked after on an on-going or indefinite basis by relatives or friends (Roby, 2011)

itself in a changing, social, economic and political environment (Masmas et al, 2004; Kamali et.al, 2000; Ankrah, 1993; Foster, 2005:67). However, Lesthaeghe, (1989) Page (1989) and Foster (2005) argue, in their separate studies, that the situation seems to have changed with trends towards nuclearisation of the family, formal education, rapid urbanisation and globalisation across the continent of Africa, even prior to HIV/AIDs pandemic, which is reducing interdependence of members of the extended family and therefore reducing the degree of circulation of children, including fostering within the extended family. Foster (2005) outlines some of the changes that have taken place which have weakened and destabilised the traditional kinship and extended family cohesion, citing formal education, labour migration, urbanisation, and westernisation as factors which have contributed to most people in SSA beginning to adopt the smaller-sized western-style nuclear family. Actually Foster suggests that the impact of HIV/AIDs on the families has now overturned this trend, with value again being placed on the extended families as was the case in the past (Foster, 2005). A joint report by UNAIDS, UNICEF and USAID (2004) on the situation of orphans reveals that extended families have assumed responsibility for more than 90% of orphans and that 20% of the households caring for more than one orphan are located in rural areas. It is also estimated that 78% of these are being cared by grandparents, particularly women, (HAI, 2008). Although some researchers suggest kinship as a solution, if families are well supported (Case et al., 2003; Roby, 2011), in reality this has not always been the case because research has also shown that most carers raise children against great odds (Freeman and Nkomo, 2006) and the number of OVCs compared to their carers is high. For instance, using Malawi as an example, the population of children is 14% compared to the population of older people which is 4% (MDHS, 2010:9-10). Other studies have also highlighted that the remittances available for support for OVCs and their principle carers by members of the extended family (aunts and uncles) have decreased due to financial hardships in towns and cities and within communities (Stover et al., 2007). Other studies reported that OVCs are not essentially more disadvantaged than other children living with parents (Cluver and Gardner, 2007). Foster, (2004) on the other hand, reports that a majority of OVCs' carers live in conditions of poverty and ailing health especially the elderly, although they continue to take on OVCs.

2.4.1.2 Kinship Care in Malawi

In Malawi, families are generally a social group linked through kinship, marriage or adoption, and having obviously defined mutual obligations and responsibilities (Amoateng et al., 2004). A family can either be nuclear (father, mother and their children) or extended or multigenerational for example, father, mother, children, father's brothers and sisters, mother's brothers and sisters and their children. The extended family is the most popular and predominant form of family structure in Malawi as such; children are viewed as belonging to the entire extended family (Chirwa, 2002). Even before the era of HIV/AIDS, children have been fostered following orphanhood, migration of parents or because foster parents do not have their own biological children and therefore need to have children for mutual benefit. However, there is no available data regarding how many children are fostered as a way of tradition.

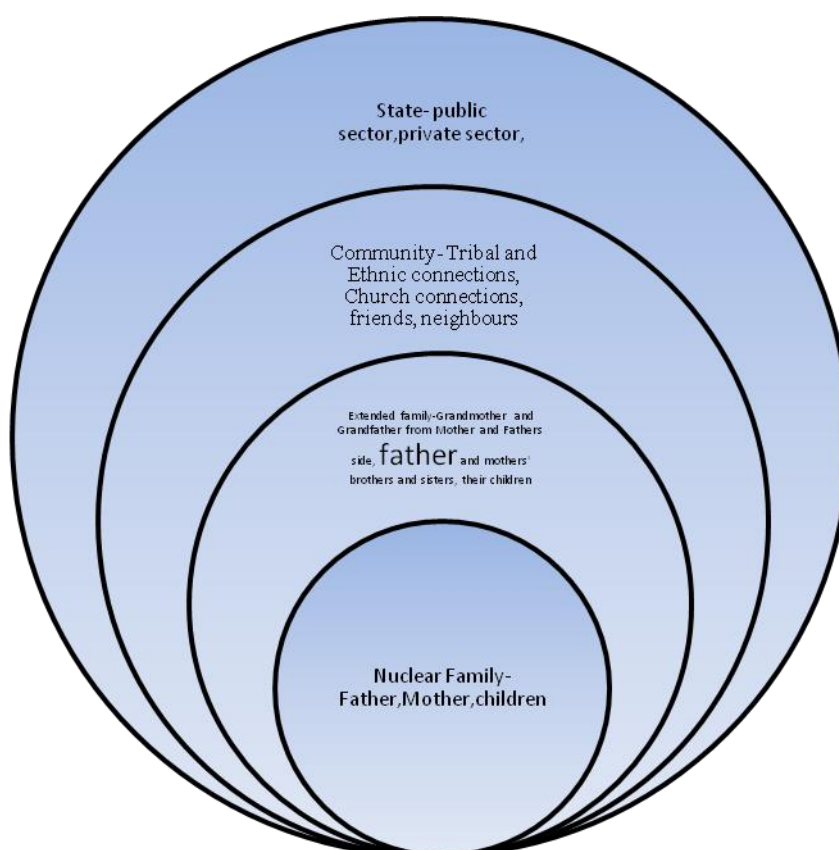
There is a popular Chichewa¹¹ proverb in Malawi that has traditionally held the extended family together, *"Mwana wamzako ndiwako yemwe ukachenjera manja udyana naye"*, meaning generosity towards all children generally is insurance for social protection and prosperity in future. This understanding is closely linked to the conceptualisation of parenthood in Malawian society. Parenthood, itself, is correlated to the structure of kinship relations (Chijere Chirwa, 2002: 97-98). In Malawian society, for instance;

"a child has more than two parents. The siblings of the biological parents are categorised as senior and junior parents according to their sequence of birth. The senior and junior fathers are the elder and younger brothers of the father, respectively. The senior and junior mothers are the elder and younger sisters of the mother. Their children are also classified as senior and junior sisters and brothers according to the order of their parents' birth while the name cousin is restricted to the children of the maternal uncle (mother's brother) or aunt's (father's sister's) children. The term aunt is restricted to the father's sister, just like the name uncle is limited to mother's brother" (Chirwa, 2002:98).

11. A local national language spoken in Malawi

A child is attached to all these kin relatives by way of a broad network of blood relations which defines the socially adaptive capacity of the families to cope with crises, such as child and orphan care. The bigger the kinship or extended family the more cohesive the family network represented by the inner circle in *figure 2.4.*, the greater the capability to respond to problems. Seeley, 2008 concurs with this in her longitudinal study in South West Uganda which found that larger family networks proved potentially valuable in providing a source of tuition fees and remittances. Thus, the progression of social fostering and material provisioning will customarily follow the hierarchy of these kinship structures (Chirwa, 2003). In his study on Malawi, Foster (2005) found that members of the kin family support each other socially, economically, psychologically and emotionally. Such assistance is most often displayed through regular urban-rural, inter-household income transfers. In poor harvests, kin members in towns procure food and bring it to destitute relatives in rural areas. Similarly, when the conditions are harsh in the urban areas, food is supplied from the rural home where most farming is done for the families. However, Nyanguru (2000) argues that, in the context of orphans, the situation can be regarded as complex and variable, according to social setting.

Figure 2-4: Linkage between extended family, community and state in Malawi



Adapted from Chijere Chirwa, 2002:100

For the relationship and linkages between the various circles see Box 3 below

Box 2.1: Linkages of the circles in OVC care

It is argued that the **nuclear family** is at the centre of the system, followed by the extended family and the immediate community: the neighbourhood, clan, tribe, and society at large. The responsibility for the care of children primarily rests with the nuclear family and diminishes as the children grow up towards greater and increasing independence from it. Thus the nuclear family supply food and shelter, share domestic labour, distribute family goods and resources, socialise the young and make decisions regarding access to health care and educational opportunities while also transferring cultural and moral traditions from one generation to another (Besley, 2005). Although families have evolved over time due to cultural, economic, political, social and technological influences, in most of the developing countries, they strive to provide a safety net which is expected to protect their family members in the event of

crisis situations and shocks (Foster, 2005). When the nuclear family becomes incapable of providing care, say through disability, impoverishment, parental incompetence, or death, the responsibility is increasingly assumed by the **extended family** through the “economy of affection”. In the case that many losses of life have been experienced among the **extended family**, the responsibility for the care of children rests in **the community**, usually comprising the people in the same neighbourhood, with a shared clan or tribe, church etc. Both social proximity and residential patterns may play an important role in child fostering (Chirwa, 2002). After the community, is the **state** which offers child protection through a sequence of laws, social policies and various welfare programmes, and beyond the state is the **international regime** characterised by legal instruments and human rights.

2.4.1.3 Kinship care in the context of HIV/AIDS

Oleke et al., (2005)'s study depicts the loss of even those who would normally have carried on the care of orphans, with themselves either dying of AIDS or being overwhelmed by the large numbers of children needing care. They highlight the concept among the Langi patrilineal tribe in Uganda that identify the individual among the deceased's kinsmen who is deemed to be the one expected to supply the best care and security for the orphaned children and, if still alive, for the widow. In their study they found that,

“the obvious brothers” have become rare in Amach and this article deals with the complex question of why customary patterns of care for orphans appear to be breaking down (Oleke et al., 2005:2635”).

The same was found in Freeman and Nkomo, (2006)'s study in South Africa among current caregivers who were asked about who would look after the orphans if they were no longer able to and found that,

“30% believed that their partner, 25% said a grandparent; 33% thought maybe another family member. However, 12% of parents could not identify a carer or predicted only a bleak future for their children” (pp: 305).

One would expect that fostering decisions would be based less on the influence of the extended family and more on the choices and wishes of the nuclear family. As Goody (1982) points out, fostering in SSA has typically been motivated more by social aspects than by economic reasons in the HIV/AIDS era.

The selective nature of AIDS-related deaths, that have mostly affected young adults, has overwhelmed the traditional societal coping mechanisms of orphan care (Chirwa, 2002). The impact of HIV/AIDS goes beyond the actual sufferer, and affects all those that are close to the sufferer (Masanjala, 2007). Caring for AIDS patients is reported to be costly, as HIV/AIDS is a long wave of sickness with an impact that goes well beyond the victim (Kaufmann, 1995). Most scholars have established that, during the period of the illness, the demand for family resources increases and that family financial resources are redirected towards the sufferer, as the family members seek quality medical care, transport, nutritious food and other forms of assistance for the sufferer (Masanjala, 2007; Nyambedha et al., 2003; Ssengonzi, 2007; Williams & Tumwekwase, 2001; Nyesigomwe, 2006). Most affected households have their financial, productive and food reserves depleted during sickness and death of productive age members without any certainty to recover.

In South Africa, a death in the household was reported to have impacted on the living arrangements of the elderly, especially their economic well-being (Ogunmefun and Schatz, 2006). Furthermore, in a related study in Uganda, elders reported financial challenges; distress and health problems as they took up the role of caring for orphans (Ssengonzi, 2007). Similarly, Kakooza and Kiumuna (2005) indicated that, most elder-headed households in Kayungu district in Uganda had three children who were of school age, implying that they needed educational support as well.

Although other carers may face similar problems, older carers have lost their income earning capability and earlier investments. As the resource base becomes scarce, the family's standard of living may also decrease even before the parent/s die (Masanjala, 2007; Nyambedha et al., 2003 and Nyesigomwe, 2006; Ssengonzi, 2007& 2009). They suffer reduced farm yields because most of their time is directed towards care for the patients and grandchildren (Devereux, 1999). Seeley 2008 in her study Uganda among households devastated by AIDS mortality found that resilience in these households was most notably through children's education, and

resources from outside the household including remittances from relatives working in town who would once in a while send money to support their kinsmen in rural areas. Apart from that, those families that were large were able to broaden the social safety net of support from the larger family network although it was also found that the same networks characterised a potential drain to resources when asking for support. Support of friends and neighbours as well as ploughing small portions of land to get by were among the coping strategies adopted by households. However for a few smaller families, the struggle to cope was eventually lost due to deepened household poverty which eventually resulted in the dissolution of the household (Seeley, 2008; Ekoru et al,2010).

2.4.2 OVC Fostering Decisions in Malawi

In Malawi, as earlier stated, children belong to the common property of the lineage or community. This is similar to other cultures across SSA where cultural norms for a particular community have determined which side of the family will foster the orphaned child. For instance,

“Urassa et al., (1997) found, in a study in Uganda, that caregivers were more common from the maternal side, while Wandibba and Aagaard-Hansen (2001), in their study in Kenya among Kenyan polygamous communities, found that orphaned children are cared for within the patrilineal system with the maternal side playing a lesser role.

In South Africa, a divergence from protocol of patrilineal responsibility was found, several reasons were cited. Terminally ill mothers are often cared for by their families and their children then remain in the same households after their death (Adato et al., 2005);

While Gillespie et al., (2005:5) found that, many children do not maintain links with their fathers and/ or fathers’ relatives have often long ago disappeared”.

Fostering decision has largely been influenced by systems of marriage which have implications for the custody and care of children following the death of parents. In most cases, descent is traced through a single line of ancestors either through mothers or fathers (Ngwira et al, 2001). The two basic forms of lineage descent are patrilineal and matrilineal, depending on whether descent is traced through the fathers’ or mothers’ side respectively (Mtika and Doctor, 2002). In Malawi both

matrilineal and patrilineal kinship exist and there are principles and implications as to how these two systems cope with illness, death, orphanhood and inheritance. The following section will provide an understanding of these two systems and how they have implications for fostering and livelihoods in Malawi.

2.4.2.1 Patrilineal system

Patrilineal systems of decent are practiced in the northern region of Malawi and in the lower Shire river valley. However, within some communities there is existence of both Patrilocal and matrilineal marriage relationships for example in the Lower Shire valley of Malawi, and both have economic implications in the death of a spouse. In the patrilineal system, kin membership is passed by male children to their own male children, and so on. Thus inheritance is through the male lineage, women can only access land through their husbands and sons. Upon death of the husband the woman as long as she is unmarried can use the land that her husband owned, as the sons grow old, she may be squeezed out of the land (Shawa, 2002 in Cooper, Mutangadura, 2004). In this marriage system when a woman marries, she relocates to reside with her husband in his natal village. When she dies, she is buried there. In this setup, marriage entails payment of a “*lobola*” (bride price) from the man’s family to the woman’s family (Mtika and Doctor, 2002). This is usually done to compensate the bride’s family for the support and nurturing they provided to the girl. Payment of “*lobola*” implies children born of this marriage to be part of their father’s kin group and not of their mother’s. In this system, the arrangement has implications on coping mechanisms and strategies in the event of the death of the husband. When a man dies, the woman remains in her deceased husband home (patrilocal¹²) and so do their children (Richards, 1987 in Mtika and Doctor. 2002). However, recent studies have reported that widows are given a choice either to remain in their deceased husband’s natal home (Mutangadura (2004, Cook et al., 1999) where she is taken care of together with her children. There have also been instances where the widow and her children have been inherited in marriage by the deceased’s brother or cousin. For instance, Mutangadura (2004) study in Malawi among patrilineal kinship system found the slowly disappearance of widow inheritance by her brothers’ in-laws

¹² **Patrilocal** residence the social system in which a married couple resides with or near the husband's parents

due to HIV/AIDS. The practice has received pressure from HIV/AIDS prevention groups both civil society, NGOs and government as a prevention strategy of HIV/AIDS spread in the wake of high AIDS mortality rates in Malawi (Mutangadura, 2004).

Putters' (2003) study in Malawi has reported that this arrangement of the widow to reside in her deceased husband's natal home has led to loneliness and isolation by most widows especially if the widow and her deceased husband lived elsewhere and only moved to the man's natal home upon his death. However, as the deceased's brothers take on full custody of the widow and her children, it has been revealed that they also take full custody of the property of the deceased. As they do, studies have revealed that most siblings have taken on the property without looking after neither the widow nor the orphans who eventually and are eventually looked after by patrilineal grandparents (Richards, 1987 in Mtika and Doctor, 2002). This affects the widow's livelihood if she and her deceased husband depended on that property (Mtika and Doctor, 2002). In Uganda in a patrilineal kinship, in a study among the Langi of northern Uganda, for example, contrasts traditional and contemporary norms and practices regarding the support of widowed women's claims upon their natal families and communities (Oleke et al., 2005 in Cooper, 2010). Traditionally in patrilineal kinship, a woman's natal kin would withdraw their role as providers to her when she gets married. The transfer of bride-wealth symbolises the transfer of obligation for the woman and her future children to her husband's kin. Being Patrilocal marriage, the woman and her children are physically removed from the woman's natal family, making the continuance of claims upon a woman's natal kin more difficult. Oleke et, al (2007) study in Uganda among patrilineal communities in Langi reported similar findings that,

63% of the households caring for orphans in the study area were no longer headed by surviving paternal kin as it was considered culturally correct by the patrilineal Langi society, but rather were headed by widows, grandmothers or other single women receiving little support from the paternal clan.

The authors reflect that the rapid discontinuation of practices of widow inheritance (and care for the widow's children) is a consequence of local impoverishment and

deaths of adults as a result of political violence or HIV/AIDS, which has drastically robbed the district availability of any potential inheritors (e.g. husband's brothers) to support widowed women and their children. Oleke et al., (2005: 2636 in Cooper 2010) concludes that the discontinuance of the widows and orphaned children inheritance reveals 'the breakdown of ultimate family organising principles in Langi society' and shows that Langi society has been overwhelmed by the magnitude of the disease burden and its economic implications. The families of men have been reported to manipulate the custom of taking care of deceased brothers or son's wife, children and property by claiming the property but not upholding the accompanying responsibilities of caring for the deceased man's family (Cooper, 2010), similar to studies conducted in Malawi and Zimbabwe (Cook et al., 1999; Foster et al., 1995; Mutangadura, 2004; Nyamukapa, 2005). Oleke et al., 2005, reveal a change over the past 30 years from circumstances governed by:

“‘purposeful’ voluntary exchange of non-orphaned children to one dominated by ‘crisis fostering’ of orphans. Sixty-three per cent of the households caring for orphans were found to be no longer headed by resourceful paternal kin in a manner deemed culturally appropriate by the patrilineal Langi society, but rather by marginalised widows, grandmothers or other single women receiving little support from the paternal clan” (Oleke et.al, 2005: 262).

The increasing role of maternal relatives in situations where paternal relatives are nominally primarily responsible has been recognised in these studies. This can be seen to have a number of positive effects at a time when the system is generally over-stretched—for example, in capitalising upon close bonds between mothers and their children and in increasing the range of possible care arrangements for paternal orphans. This scenario has been highlighted by several researchers as being quite common among most grandparent carers a majority of whom are assuming the caring role singularly without external support (Masanjala, 2007; Nyambedha et al., 2003 and Nyesigomwe, 2006; Ssengonzi, 2007& 2009). This highlights that the elderly are assuming the caring role of orphans is crisis- led not out of choice.

2.4.2.2 Matrilineal system

In matrilineal societies, children belong to their mothers' kin members, thus only female children can pass kin identity on to their offspring (Phiri, 1983). A matrilineal system dominates most parts of the Central and Southern Malawi where this study was carried out. Matrilineal kinship system is practiced in more than 50% of the country in Malawi. However there are two types of matrilineal marriage, "chitengwa" or Patrilocal residency¹³ and the "chikamwini" or matrilocal residency¹⁴. If the husband dies in "chitengwa", the wife is freed from the village of marriage and she loses her land rights, similarly if a wife dies in "chikamwini", the husband is freed away from the village of marriage and he loses his land rights (Shawa, 2002 in Mutangadura, 2004). This suggests that women experience land insecurity under Patrilocal and "chitengwa" marriage systems, whereas men experience land insecurity under matrilocal "chikamwini" marriage system. Shawa, (2002) in Mutangadura, 2004's study in Malawi, key informants discussions revealed that while some women do have full ownership and control of land under "chikamwini" marriage, some women under the same marriage system do not have full rights over the land because of patriarchal male dominance. Men particularly the uncles and brothers control the land maintained by the women. In this study, key informants also revealed that largely the main gender group that is vulnerable to land tenure insecurity due to the marriage customs in Malawi is the women. Under statutory tenure, the law does not discriminate against women in terms of attaining land rights (Chiweza, 2004). However in practice women do not have land rights because of socioeconomic obstacles such as lack of education, and lack of resources to buy or lease land. While this is the case, culturally women have been side-lined from participating in land discussions, allocation and decision-making meetings (Ibid). Thus, although they are esteemed as the major agricultural producers, women remain largely absent at all levels of policy-making, project formulation and management of land (Shawa, 2002 in Mutangadura, 2004). Regarding wealth flow,

13. Anthropological definition of a wife living with or located near the husband's father's group-

14. Social Anthropological term referring to the societal system in which a married couple resides with or near the wife's parents

Doctor and Mtika (2002) in their study among the matrilineal society suggest a bias in favour of maternal relatives in the matrilineal kinship system. Under matrilineal kinship, the middle generation would be transferring their money and goods to maternal kin (mothers, uncles, aunts and maternal grandparents) more than paternal ones (fathers, uncles, aunts, paternal grandparents). In this regard, the maternal kin have more responsibilities over the upbringing of the children in the event of death of the parents. In the case that the woman dies, the community expects the man to go and live with his own people, leaving the children in the care of the maternal kin (Mtika and Doctor, 2002). Sear (2008) highlights that in matrilineal cultures women customarily remain within their biological villages at marriage and live close to their mothers and matrilineal kin. In this system, the woman owns land allocated to her by members of her kin, mainly the biological parents. Upon marriage, the husband goes to live in the wife's natal home village. Residency patterns and assistance in children's upbringing strengthens kinship ties. According to Putter (2003) helping relatives to farm and care for children is an important expression of kinship that actively reinforces ties. In this system, domestic authority is exerted by the wife's brother who has control over his sister's children in as far as decision making is concerned such as marital, initiation ceremonies, and in sicknesses for both children and the wife. In this context, kinship and inheritance is traced through the maternal line and children belong to their mother and her clan (Richards, 1987 in Mtika and Doctor, 2002; Phiri, 1983). Husbands/fathers play a minimal role in guardianship responsibilities although domestically he is practically responsible to ensure that the children are fed, clothed and housed. However, biological ties as demonstrated by descent patterns are vital where children will remain in their mother's natal home at the death of their mother. Husbands/fathers are usually side-lined, not only in guardianship responsibilities, but in succession and inheritance processes especially where children, land and the matrimonial house is concerned (Richards, 1987 in Mtika and Doctor, 2002; Sear, 2008). When the woman dies, leaving behind children, these children belong to the maternal kin, unless they are not able to look after the children or if the father is deemed responsible enough to take care of them. Otherwise, the man is sent away and the children have no direct parental care from their biological father (Oxfam, 2001; Bota, et al., 2001 in Ngwira et.al, 2001). If the biological father was the main breadwinner, that role is relinquished to the one who

has custody of the children. The passing away of a husband leaves the wife to care for the children as well as security of land tenure. However, if the deceased husband was the main provider of labour on the farm or remittances to hire labourers, the household experiences a loss of food security and other material benefits (Richards, 1987). The death of a father also has serious effects on households that are urban-based and in matrilineal marriage systems, because of its biased property and inheritance rights (Cook et al., 1999; Ngwira, 2001, OXFAM 2001). Chiweza (2007) revealed that inheritance rights in Malawi remain a contentious issue, especially with the loss of many productive age members, with many elderly women and children having been the victims of property grabbing. Low literacy levels among women, and social cultural norms and practices do not favour women and children (Mtika and Doctor, 2002). Although women have ownership of land, they do not have much say on what will be grown there, how much will be sold and decide on the proceeds due to women suppressive position in most rural communities in Malawi, (Sear, 2008). This, along with lack of empowerment of women and the lack of reinforcement of wills and inheritance rights, has increased the vulnerability of most elderly female-headed households who are looking after orphans (Chiweza, 2007; Cook et al., 1996).

2.4.3 Matrilineal kinship system in relation to HIV and OVC care

In the absence of social support programmes from government, it is the responsibility of the family and community to devise mechanisms of support to ensure the survival of family and community members (Putter, 2003). One of the ways families have resorted to, in the care of orphans is through use of kinship relations and mostly siblings of the deceased and grandparents. According to Putter (2003), strong sibling bonds that are established in childhood which survive through to adulthood have served to preface a later discussion about the care of orphans in the event of the death of a brother or sister. Even before the advent of HIV/AIDS, kinship has always constituted the prime source of social, emotional and practical support for CWPC. Family ties have been strengthened through a variety of mechanisms that are mutual and reciprocated such as regular visits and attendance of ceremonies-weddings, funerals and initiation ceremonies. Such kinship ties hold in high esteem the survival and welfare of children among kin family members

(Chirwa, 2002). In the event that a family member died, the kinship relations have anticipated the role of care of orphans the deceased may have left behind, assisting them to cope with the distress of parental death (Nyamukapa and Gregson, 2005). Orphaned children have benefitted socially and psychologically from the support of extended relatives, especially during periods of economic difficulty. The traditional kinship support system of childcare elsewhere in Africa has demonstrated its resilience even to major crises and social changes including rapid urbanisation and economic migration—which otherwise seem to weaken traditional social ties and obligations according to (Therborn, 2004 in Abebe and Aase, 2007).

In the context of HIV/AIDS, due to multiple losses of kinship members to AIDS deaths it has been a challenge coping with orphans especially where a number of orphans have been left behind. Putter in her study in Malawi in 2003 found that biological ties as demonstrated by descent patterns are particularly important in terms of deciding where a child will go following its mothers' death, while residence patterns and financial assistance further strengthened deciding the choice of who will foster orphans. According to Abebe and Aase, (2007), the degree of success of fostering orphans depends on multiple factors that include: the material conditions of the respective families, the level of integration of the orphans in the new social relationships, the ages of the orphans, the size of the family in which they are found, the willingness of the family members to accommodate more people – as well as the intentions of doing so, and the degree of vulnerability of the orphans themselves. Apart from that, multiple losses of family members, especially over a short period; the status of the parents at the time of death (property, etc); being physically alienated from one's original home through relocation, has also played a part in orphan placement (Ali and Munthali, 1999: 36-37). For instance where the deceased parent have left some property, a few family members have been forthcoming to take on orphans, to gain access to the property although in most instances hardly to the benefit of the orphans themselves, than where no property has been left behind. More also where the deceased parents were physically alienated from their original home, orphaned children have experienced resentment from some kinship members to accommodate them. This unwillingness has made it difficult for the affected orphans to integrate (Ali & Munthali, 1999). With increasing numbers of orphans left behind needing care, family relations are becoming more elastic and are sometimes

over-stretched to accommodate them. As highlighted by, Seeley, those families that are large (representing the two inner circles in Fig 2:7- blood relationships and includes 'front-line' family members and relatives such as uncles, aunts, grandparents, cousins, etc) are able to broaden the social safety net of support from the larger family than smaller families. Where there are surviving siblings of the deceased, such as brothers who have the capacity to care for the orphans, they take on the caring role.

In the context of mature HIV/AIDS such as in communities and households in Malawi where a few siblings have been lost to HIV/AIDS leaving behind orphans, most families are under strain to raise orphans due to reduced capacity to do so. Here, according to Chirwa, (2002) the notion of capacity –apart from a mere provision of economic resource, includes social capacity, and emotional capacity to support orphans. Economic capacity incorporates the material capability of relatives to take in orphans along with the proper allocation and provision of resources necessary for their well-being. This aspect of care can be placed within the wider discourses of poverty, vulnerability and lack of financial capitals from social welfare organisations to support the care of orphans. Emotional capacity embraces the disposition of those providing care for orphans to offer psychological and emotional support to them. A few studies have alluded to the fact that even those caring for orphans are left with not enough time to grieve the loss of their family members because they become actively engaged in the caring responsibilities of orphans, without themselves receiving emotional support (Cook et al., 1999; Mutikani, 2002; Chitiyo & Chitiyo, 2009; Ngwira et al, 2004). While social capacity is the capacity and willingness of relatives and kinship members to socialise orphans with social and cultural skills necessary for present and future life. Usually social capacity is based on the ideal that social parenting is a shared responsibility in most African family structures (Kayongo-Male, 1984 in Abebe& Aase, 2007). In both cases, patrilineal and matrilineal decency, existing research on the capacity and sustainability of the extended family system in absorbing orphans suggest that there are two competing theories of care (Monasch and Boerma, 2004; Mutikani, 2002). The first one suggest that the traditional extended family coping mechanism by which families in Africa coped with orphans is breaking-down due to increased number of AIDS deaths. By contrast, the second theory proposes that the capacities and strengths of the

informal, traditional childcare system are still capable of supporting a larger number of orphans, notwithstanding the huge threat posed by the AIDS epidemic. This rather optimistic view critically defies the notion of societal breakdown (Bray, 2003; Chirwa, 2002; Madhavan, 2004; Meintjes & Giese, 2006). It upholds that the flexible traditional arrangements for child care in normal courses of events, if supported by appropriate interventions, offer a range of possibilities for care of orphans. Chirwa, (2002) asserts that communities in Malawi are employing innovative and complex strategies of orphan care within the existing extended family structure. Chirwa (2002) further contends that 'alternative forms of social organisation and new social relationship patterns, with broad adaptive capacities, are evolving as a result of the HIV/AIDS crisis' (Chirwa, 2002:93), such as community care, social and religious groups care and support for orphans. Other studies also have highlighted the capacities of a choice of indigenous coping mechanisms that are remarkably resilient in identifying ways to construct livelihoods, pull together resources and care for those affected by the devastation of HIV/AIDS (Ankra, 1993; Hunter, 1990 in Kalipeni et al., 2004). According to this view, internal arrangements have continued to cope with the 'orphan crisis' as they always have in response to other crises (Ibid). In cases where children are young, usually female members and especially elderly members of the kin family have been preferred to take care of the young orphans while the older orphans have mostly been fostered by surviving uncles and aunts to help with child care and livelihood responsibilities in exchange for scholarships- tuition fees, imparting skills and material resources (Anglewicz et al., 1998-2008; Nyamukapa and Gregson, 2005; Chitiyo & Chitiyo, 2009). Where the extended family is defunct, communities have seen the birth of Child Headed Households (CHHs) and street children as a consequence of HIV/AIDS-orphan strain.

In the next section the evolving role of the elderly is discussed to highlight the impact of AIDS-related mortality on the lives of older people. Generally, the social and demographic changes that have occurred over the last two decades have revealed the prominence of the elderly as carers of orphans left behind as a result of AIDS mortality in our societies, whether in the Global North or South.

2.5 The changing role of older people

According to Szinovacz (1998a), research on grandparenthood as a distinct theme emerged in the late 1940 and early 1950s in the United States of America. During this time, the majority of grandparents were viewed as 'rescuers' and carers of children whose parents died during the World War I and II.

After the 1950s perceptions within various societies, mostly in Europe and America, began to change. With the dominance of the nuclear family and the related notion of generational dependence, grandparents and the elderly were viewed as unimportant family members (Bernal and de la Fuente Anucibay, 2008). Social gerontology literature, which presented older people as dependent and disengaged, may have significantly contributed to how these societies perceived grandparents and the elderly (Szinovacz, 1998a).

Regardless of their roles in the era of war it is reported that, in the 1930s, 1940s and 1950s in most European countries, grandparents were also perceived as having a negative influence on their grandchildren. For instance, Smith (1991) cites various studies from this period which reported the negative influence of grandparents on grandchildren, with titles such as *the grandmother: a problem in child rearing* (Vollmer, 1937), *Grandma made Jonny Delinquent*, (Strauss, 1943) and *The role of grandparents in children's behavior problems* (Borden, 1946) in Smith, 1991). This is probably due to the fact that grandparents can be lenient at times to children/grandchildren letting them get away with negative behaviors they would not if the children were with their parents. While this has been observed, Hayslip and Patrick (2006), highlight that aging and some deterioration associated with advancing age have an impact on the capability of grandparents to exercise control on their grandchildren resulting in the children taming the negative behavior. Again there is conflicting evidence especially in SSA with some research showing that children cared for by older carers particularly grandparents, are better cared for and have positive outcomes (Case et al., 2003).

In African culture, historically grandparents delivered care to their children who, in turn, provided care to them in their old age. The more children one had, the more chances there were of getting adequate care when grandparents were no longer able to provide for themselves (Nhongo, 2004). The reason most families in Africa

bore many children as it was both a sign of prestige and an insurance for adequate care and support when in advanced age. It was a symbiotic type of relationship and in the traditional African cultures an individual's social status increased with advancement in their age. The same is the case at family and community level. A person's social status rose when they became initiated into adulthood, and that's when they ceased to be viewed as a child (Moore, 1971). This new status gave an individual limited access to certain privileges, originally not available to him or her, such as punishments and laws. Thus, the older one got, the more they become well esteemed persons with wisdom, experience, power, and control over family property as well as ritual power (Rwezaura, 1989; Syder, 1981). This culture and principle of respecting elders has remained in African societies in both custom and religion. Hence, being elderly in Africa earned one respect and many other valuable benefits.

The transition from indigenous Africa to colonial occupation is blamed for weakening the social and economic arrangements which had formerly held sway and assured the social security of both the elderly and the entire community (Yeld, 1966; Moore, 1978; Snyder, 1981, Saul and Woods, 1971 in Rwezaura, 1989). Moore (1975) and Snyder, (1981) in Rwezaura, 1989), assert that the introduction of the monetary economy, new religions, and new forms of social and political control, are responsible for weakening the dominant position of the elderly in many parts of Africa, leading to their loss of authority, political power and economic security.

In the traditional African locations, there are defined roles and relationships clearly understood by each generation. For instance, older people (grandparents) were the custodians of the tradition and cultural practices who passed this knowledge on to new generations. These practices have included traditional ceremonies, beliefs and clan identity. Older people had a distinctive place in families and communities to guide, instruct and pacify (Nyanguru, 2000). For instance, the elderly lead in all traditional cultural practices and funerals, child births, initiation ceremonies and traditional marriages in Malawi. Now these roles gradually began to change with the coming in of formal education and the missionaries who introduced new ways of doing things through application of Biblical principles. Now new religions increasingly lead in most of these ceremonies (Nhongo, 2004). Over time, older people's traditional roles have become redundant, their status diminished and their roles undervalued (Nhongo, 1998; Nyanguru, 2000).

However, the impact of HIV/AIDs has overturned this situation, as older people are being called upon to fill the gap left by the productive age members of population groups, to provide care and support to chronically ill family members and AIDS orphans but that this time it is not accompanied by an increase in status. This is taking place at the time when they would ordinarily expect to receive care and support due to their own failing health; thus they have become '*Africa's newest Mothers*' (Nhongo, 2004)

An analysis of the Demographic and Health survey data from SSA found that orphaned children were more likely than others to live with grandparents (Bicego et al., 2003). This is also reported in the UNAIDS Fourth Global report acknowledging the fact that a large number of orphans indeed are taken care of by older people. Foster et.al (2005) reports that,

“The average rate of double orphans living with their grandparent is 66%—a share that reaches as high as 81% in Zimbabwe. In the other countries, grandparents account for around 40–50% of the care of double orphans—although the share varies substantially (from 17% in Benin to 66% in Mali)”, (Foster et.al, 2005; Foster, 2000; Beegle et al, 2010), (see Table 2.4) on statistics of orphans in elderly households in 8 selected SSA countries.

Table 2.4: Numbers of orphans alive in 2007 in eight SSA & % of those cared for by the elderly& a percentage of those who are AIDS orphans

Country	Number of Orphans	% cared for by the elderly	AIDS orphans as a % of all orphans in 2009
South Africa	1,900,000	49%	Not available
Uganda	1,200,000	45%	44%
Zimbabwe	1,000,000	77%	71%
Tanzania	1,300,000	57%	Not available
Ethiopia	650,000	55%	Not available
Zambia	690,000	57%	56%
Mozambique	670,000	54%	Not available
Malawi	650,000	52%	65%

Source: Avert AIDS Orphan Report, 2007, Avert, 2009

According to Makiwane, (2011) most children are reaching their adulthood with their grandparent still alive and actively engaging with their lives due to AIDS mortality (Makiwane, 2011). This differed from a study conducted by HAI and ODI in 2009 which highlighted that most of the elderly caring for OVCs were themselves in need of care. Nevertheless, age of a person heading a household seemed to impact on the overall strength of a household: as people age, the tendency is to be less active, their production output decreases, therefore, basic needs such as food, good nutrition and shelter are likely to be compromised (Ssengonzi, 2007, Wangui, 2009).

Given the changes in family size over the last decades, some studies have indicated that most households prefer to have fewer and fewer children, implying that grandparents should have fewer grandchildren. Loewenstern (1999) stated that: “the shape of families is shifting from horizontal to vertical, where the size of generations is becoming smaller but the number of living generations is increasing” (Loewenstern, 1999:398). While this is the case, studies have found that grandparents and elderly households are larger in size due to the influx of orphans in their households suggesting that families in Africa still bear a larger number of children (Ssengonzi, 2009; 2004; Nhongo, 2004; Matshalaga, 2002). Other studies have also highlighted that EHH may contain children from different siblings of parents (Oleke et.al, 2005; 2006).

2.5.1 Why the elderly are hugely impacted

Rupture of the extended family as a social institution has taken place, as HIV/AIDS continues to attack, weaken and destroy the inner circle (nuclear family) see Figure 2.2, spreading through and outwards until the entire extended family and society at large have been affected (Kalembe 2000 in Chirwa, 2002: 7). For orphans even prior to the advent of HIV/AIDS epidemic, initial preference has usually been for orphans to reside in the first two inner circles (the nuclear family and the extended family). Thus, between 1985 to the late 1990s, orphan care was falling first on those who were closest to the orphans but also on those regarded as being most capable of carrying out that responsibility. The costs and benefits of children under fostering care became distributed throughout the kinship network (Chirwa, 2002). Precedence depended on the ages and material circumstances of the siblings in the first inner circle. This means that the larger the two inner circles are (meaning having more

members) and the better their livelihood position is, the greater the adaptive capacity of the family structure to cope with the orphan problem. During this time grandparents were regarded as care givers in name and in theory only, while the siblings of the parents or the siblings of the orphans assumed the main tasks of provision for the basic needs of the orphans. Grandparents benefit from the contribution made by OVCs as the OVCs run errands and do "minor" domestic chores for them. However, Chirwa (2002) reported that the major setbacks have occurred when there are numerous deaths of family members. It is at this stage that the orphans have been exposed to extremely vulnerable and hostile social and economic environments, with the elderly taking the leading role of caring and providing often out of crisis.

2.5.2 The Elderly have become Home Based Carers

The elderly have been made vulnerable in a number of ways. HIV/AIDS has affected the productive age population most of whom were presumed to support the elderly with remittances and labour as cited earlier in the chapter. In SSA, due to increase in number of chronically ill patients, most of whom to AIDS-related causes coupled with the lack of human resource in hospitals to respond to the growing number of patients, WHO and UNAIDS formalized Home Based Care (HBC) in 2000. The following year Malawi adopted the strategy, through the National AIDS Commission (NAC), HBC was initiated. With its introduction most ill adults receive care at home usually by family members and trained community volunteers (MOH, 2005). As chronically-ill patients, who have been incapacitated with AIDS lose their livelihood, they return to their parent's homes to be cared for by their parents (Ntozi, 2001; Cook et al., 1999). This is also highlighted in a study in Uganda by Ntozi in 2001 that parents were reported to be the principal caregivers of AIDS patients. Studies across SSA have highlighted that, although both men and women care for the sick AIDS patients, women take a leading role in the physical nursing care for the ill-patients (OXFAM 2001; Mtika 2001 in Ngwira et al., 2001). The Integrated Household Survey (IHS) in Malawi (2010), reports that many elderly households are headed by women (44%). This is attributed to several factors- their greater longevity and the likelihood of widowhood among women (Ibid). Akenkola (1999) agrees that older women are twice as likely as men to be widowed due to the tradition of most men marrying

women of a younger age. So mostly older women, are providing economic, social and psychological care and support for a large number of sick AIDS patients and orphans (Foster and Williamson, 2000, UNAIDS, 2004; Orner, 2006, HAI, 2003).

2.5.3 Loss of local safety nets

One of the reasons for this impoverishment is the need to withdraw from their economic activities to nurse the sick when there is no one else to provide care. This results in a loss of local safety nets as they redirect their labour to attend the sick, devoting inadequate time dedicated to tending crops and other projects that could have uplifted their lives (Ssengonzi, 2007; Foster et al., 1999; HAI, 2000; Barrientos and Heslop, 2003; OXFAM 2001; Mtika 2001 in Ngwira et al., 2001; Topouzis, 1999; Munthali, 2002). They are reported to withdraw from their production activities-farming and income generating activities and, with their limited knowledge of the condition, they try to support their ill older children by running errands from one hospital or traditional healer to another in the hope of finding a solution for their patients. As they do this they are presumed to use up their savings and at times dispose of fluid assets such as livestock and productive assets such as land, and farm equipment to support their children with quality care (Mutangadura, 2000 in Masanjala, 2007; Ngwira et al., 2001). In his paper, Serpell (1999) highlighted how the AIDS epidemic breeds new poverty as impacted households suffer decline in total income due to illness, the change of household resources to look after those chronically ill and the loss of remittances due to death of a breadwinner (Serpell, 1999 in Masanjala, 2007).

2.5.4 Dependence on able members of the extended family

In most parts of Africa, and Malawi in particular, most of the elderly have relied on other members of their family and households to support them to meet their basic needs (Foster, 1996). Masanjala (2007)'s study reports that a reciprocal relationship has existed between productive age members and the elderly, whereby the elderly have invested in their children through education as well as by passing on wealth to their children so that, in turn, the children can look after them in their old age.

Cook et al., (1999) observed that labour migration, due to the distribution of opportunities and services, has compelled productive age members of rural

communities in Malawi to flee from poverty by migrating to cities and even to other countries. However, they have continued to maintain social support networks with their rural communities, especially in relation to the members of their own extended families, through sending remittances to support farming activities in order to ensure there is food available for members of their natal family in rural areas (Cook et al., 1999). In turn, parents in rural communities have likewise been instrumental in assuming the nursing role when their children in urban areas have been sick or expecting another child (Ankra, 1993 in Kalipeni, 1999).

Saturation of the labour markets in most countries' cities, the global economic crisis and structural policy changes, has adversely affected employment opportunities in urban and city centres. In Malawi for instance, a large number of government owned companies that used to employ a wide sector of the unskilled labours have been privatised and companies sold or businesses close-down resulting in many people losing their jobs. Barrientos and Heslop point out that:

“Economic reforms brought about by globalisation, changes in the labour market conditions, and especially social sector reforms in developing countries have adversely affected the livelihoods of older people. Apart from these, changes in the household structures arising from such factors as migration and HIV/AIDS have undermined informal old age support; without addressing old age poverty now through appropriate policy interventions, old age poverty will become a larger problem for most countries in the developing world in the next decade,” (Barrientos and Heslop, 2003:).

This has affected remittances sent to villages to support the elderly family members. Poverty among most of the elderly has been compounded due to increased adult mortality caused by HIV/AIDS.

2.5.5 The gender aspect of the Impact of AIDS

The effect of care for the chronically ill AIDS patients on women and girls is especially marked. Most women in SSA face the huge economic, legal, cultural and social burden which upsurge their vulnerability to the epidemic's impact. This is supported by UNAIDS, 2003 who highlight that:

“... In the hardest-hit countries, it is erasing decades of health, economic and social progress, reducing life expectancy by decades, slowing economic growth, deepening poverty, and contributing to and exacerbating chronic food shortages. Families may withdraw young girls from school to care for ill family members with AIDS. Providing care to an AIDS patient is arduous and time-consuming. In Malawi, households that lost females under age 60 were twice as likely to experience a food deficit as households in which men in the same age bracket had died (SADC, 2003). In Uganda, 1990s research demonstrated food insecurity and malnutrition were the most serious problems for many female-headed AIDS-affected households (UNAIDS, 2003 in 2004 Report on the global AIDS epidemic P 3-4)”

This means they endure the largest AIDS burden. Women in Africa are very much engaged in subsistence farming, producing food for household consumption due to the feminisation of food production (Kabeer, 1990; Foster, 2003; Mtika, 2001; Ngwira et al., 2001). They have to balance the twin demands of family and generating a livelihood through agriculture or small scale business to support their household. The diversion of labour to care for the sick affects food production initiatives which have been reported to result in low food production. This is well cited by Malindi, (2005) who highlight that

“Women are food producers and also shoulder the responsibility to care for the sick implying that both the quality and quantity of labour is affected. Traditionally they are a backbone of subsistence farming where rural households derive their livelihoods,” Malindi, 2005).

By the time their children succumb to AIDS deaths, they are reported to pay off for all funeral costs, and are sometimes left with debt, loss of food from lack of quality time to farm and the role to care for orphans (Cook, 1998). WHO's survey in 2001 in Zimbabwe found that 71.8% of those providing care to the sick older children and orphans were over the age of 60. In a similar study in Tanzania, Ainsworth and Dayton (2002) found patterns similar to those presented by WHO study in Zimbabwe. It is a recognised phenomenon that older people are providing for the physical, financial and emotional care of their older chronically ill children. Hoff (2007), reports of the transfer of care to have shifted in the last two decades from the

elderly, to their children when they become incapacitated with AIDS. However, this role has been overlooked with constant emphasis placed on older people as care recipients in need of help rather than as contributors to the mitigation of devastating effects of HIV/AIDS. Studies of the impact of HIV/AIDS on families have highlighted that family members, nursing the sick to provide quality care, have disposed of productive assets (usually livestock) and used up the savings that would be necessary for recovery and reconstruction (Masanjala, 2007; Ngwira et al, 2001; Foster et al., 1991; Kabeer, 1990). In most cases families have been reported to withdraw young girls from school to care for AIDS sick members (Foster and Williamson, 2000, UNAIDS, 2004; Orner, 2006; HAI, 2003). Later they have assumed surrogate parent position to their grandchildren in most cases with very little capacity with inadequate food and economic resources to support their grandchildren.

In most patrilineal communities, women widowed by AIDS have been reported to lose their land and property (HAI, 2003; UNICEF, 2003 in 2004 Report on the global AIDS epidemic), due to weak inheritance laws that do not seem to favour women. Widows who are not coping in their role as food producers and subsistent farmers (Ngwira et.al, 2001), may end up in practising transactional sex in exchange for food and other commodities to support themselves and the children in their care. In his study in Uganda among elderly women, Ssengonzi, (2009:313) reported of his findings from one elderly woman, referring to her grandchildren, that:

“...the children came in when they were very young and came with nothing. I had to share with them a few belongings we had including bedding, with some sleeping on the floor in our sitting room,” 50 year old female .

Other studies in Uganda and Tanzania have also revealed that elderly-headed households are usually larger in composition (Matshalaga, 2002; Ssengonzi, 2009; 2004; Nhongo, 2004). For instance in a study in Uganda, a 62 year old female respondent who cared for two persons with HIV/AIDS and nine OVCs indicated that:

“In two years her household size (originally comprising four persons) nearly tripled and the OVCs became orphans within a year, as the children were young and required significant assistance, the living arrangements of the caregivers dramatically changed. This was echoed by most respondents in

the study who reported giving up their beds, sharing rooms with children, abandoning their gardens, giving up their social life styles and selling belongings to pay for care” (Greenblatt and Greenaway, 2007; Ssengonzi, 2009:312).

Many researchers have indicated that significant chronic poverty for married women is compounded by a lack of access to health services due to a lack of decision making powers in relation to the allocation of most household resources including finances (Ssali, 2003). For most widows a lack of able member/s in their households who can provide a livelihood compounds chronic poverty (HAI, 2000; Barrientos and Heslop, 2003; Ssengonzi, 2006, IHS, 2010). For instance, the Integrated Household Survey in rural Malawi highlighted that 63% of people who live in female-headed households are poor as compared to 55% of people who reside in male-headed households (IHS, 2010). HelpAge International’s study in Ghana highlighted that both older people without adult children and those who are widowed are prone to poverty, and revealed that, for those in poverty, health centres and hospital treatment was not an alternative after self-care or traditional healers failed (Akenkola, 1999). Low income countries such as Malawi lack public services, especially in rural areas. Distances to health centres are enormous, the transport infrastructure and supply is inadequate and expensive, health personnel also have limited transport to do regular visits and provide drugs, while even the most basic of drugs are in limited supply (Heslop and Gorman, 2003; Moore, 2001). These public service shortfalls limit access of poor people, where most old people are represented, to basic health services. This results in most cases in unmanaged health conditions and decreased health and well-being among the elderly and other population groups. Such is the magnitude of the impact of AIDS mortality and poverty on women in SSA including Malawi.

2.5.6 Social exclusion

There is a body of knowledge that suggests that, as a result of ageing, older people suffer from social exclusion and from an inability to participate in development processes (Haan, 1998). According to European Foundation (1994) old age is synonymous with a rupture of social bonds and full participation in the society within which the most elderly reside (European Foundation 1995:4 in Haan 1998). Isolation

also happens because their circle of friends tends to get smaller owing to death and physical incapacity.

Other studies have highlighted that the elderly experience multiple discrimination related to employment, social security systems, and from institutions that are meant to uplift their lives, such as micro finance credit institutions (Kazeze, 2007; Nyamukapa and Gregson, 2005; Veenstra & Luginaah 2005). Social networks that depend on mutual and reciprocal benefits are often hindered by inactivity, immobility and a lack of the financial assets required travelling (Barrientos et al., 2003). These social disadvantages lead to most elderly people experiencing poverty in later life. Most countries in Southern Africa lack universal social protection that could support the elderly in old age, especially non-formal subsistence farmers. There have also been studies that highlight that the elderly especially those whose children have died to AIDS, face stigma and discrimination in the areas they live. For instance in their separate studies in Malawi, Kazeze and Chilimampunga, found that most of the elderly had reported having been accused by either the OVCs or by neighbours of being witches and wizards who bewitched their deceased or chronically-ill children (Kazeze, 2007; Chilimampunga, 2011).

2.5.7 Psychosocial Impact of Caring on the elderly

Companionship

On a positive note, while this has been reported, a study conducted in Australia about grandparents' experiences of raising grandchildren reported grandparents no longer feeling lonely, as the OVCs provided them with company and someone to talk to (Dunne and Ketter, 2008). This highlights how the presence of OVCs in the EHH can bring positive well-being for the elderly although this has increased their labour requirement to produce enough to feed the OVCs as well as the economic impact of care.

The multiple loss of family members has led to most children being physically separated from their natal home and each other through relocation to be cared for by different foster carers (Kuo and Operario, 2010; Cook et al., 1999: 36-37). Page (1989) reported that maternal mortality has profoundly caused family disintegration, the incidence and the regularity of which has an effect on fostering, resulting in

separation of siblings (Page, 1989). Most grandparents had been reported to find this to be distressful and that support after bereavement is absent for both orphans and the elderly themselves (Kuo and Operario, 2010). There seems to be life as normal after the death of parents of OVCs by those esteemed to have been providing support. A study conducted in Uganda reported that the elderly are experiencing stressful challenges by becoming parents again and having to care for young children for whom good nutrition is a basic need. Care-giving of orphans has physical, emotional, financial, and health consequences for the caregiver (Dayton & Ainsworth, 2004; Knodel, Vanlandingham, Saengtienchai, & Im-em, 2001). Individuals working in care and support programmes in East and Southern Africa expressed concern about how to address emotional distress, including worry, depression and bereavement, counselling skills which are currently lacking in the regions (Gilbon et. al, 2001).

The stress is usually accentuated when some of the children are sick (Ssengonzi, 2007; Knodel et al., 2001; Ntozi & Nakayiwa, 1999). Dayton and Ainsworth (2004) reported that old people found the role physically demanding, often feeling fatigued, and deteriorating their well-being. This was especially true because, unlike when they were on their own (when they could decide to not eat), with the coming in of orphans they found themselves, as primary carers, compelled to look for food and to cook. Ssengonzi (2003) and Barnett and Whiteside (2002) report the challenges faced by older people caring for older orphans as being two-fold. Firstly, most of these orphans were in high school and the elderly were economically unable to pay high school tuition fees and other school expenses.

Secondly, from time to time there were adversarial relationships with older OVCs, as most of them would neither take orders nor listen to the elderly as heads of households, especially where they could not adequately provide for their needs. Most of the children have been reported to vent frustration upon their caregivers when, for instance, they have been sent back from school for lack of payment of school fees, not having school uniform or unable to pay school fund.

Every society has people who are made vulnerable because of age, illness, death, disability, or suffer from the effects of natural disasters, economic crises or civil

conflicts. As a result there are a few programmes in MICs to LICs for the support of vulnerable groups such as the elderly and OVC.

2.6 Resilience of households in the context of HIV/AIDS

Most studies have found that coping with OVCs in the face of mature AIDS epidemic which has affected many families members leaving children in the care of less capable members has been a growing concern by planners, policy makers and development workers (Cook et al., 1999; Masanjala, 2007). A study conducted by Seeley and others in HIV impacted area in South West Uganda found that although there had been a profound effect on families' lives, most of the families studied showed great resilience in the face of adversity caused not only by illness and death, but also by erratic rainfall and severe drought. The study found that due to death of the household head, some households were dissolving to be under a different head, in order to get the support orphaned members needed. Poor households sometimes sold food crops, sought financial help from neighbours or sent children to be cared for by relatives. Wealthier households were able to rely on income (and subsistence farming) from land holdings as well as support from relatives and friends. The stage of the household life course also proved important. For instance, having adult children provided a source of support in terms of remittances and school fees for siblings. Apart from that support from other extended family network proved especially important. Families that had investments and savings were able to withstand additional stress of illnesses and deaths including poverty by drawing from earlier investments and resources from broader networks of relatives working in town. The larger the family the broader was the social safety net. Smaller families experienced poverty and apparent lack of external support. Friends and family were a source of support just to get by. In one household, because of a death that had occurred, this deepened the household poverty and therefore led to the dissolution of the household (Seeley et al., 2008). In another study in the same area as strategies to cope with the impact of HIV/AIDS, Seeley found that strategy employed by household members to break the cycle of poverty was migration for waged work and marriage (Seeley, 2008). In other countries resilience of families impacted by HIV/AIDS epidemic has been through social protection programmes. The next

section looks at Social Protection Programmes (SPPs) and their impact on EHHs and OVCs care.

2.7 Programmes to support EHH

2.7.1 Social protection

SPPs are a set of policies and programmes designed to reduce poverty and vulnerability by: diminishing people's exposure to economic and social risks; enhancing their capacity to protect themselves from these risks; and reducing the impact of subsequent shocks (UNICEF, 2010). According to Gandure (2009) in Masuka et al, (2012: 2) SPPs are built on three pillars of social security, income security and social safety nets. Devereux and Sabates- Wheeler (2004:2) define SP as:

“all public and private initiatives that provide income and consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalised to reduce the economic and social vulnerability of the poor, vulnerable and marginalised groups”.

Vulnerable groups have also included children and the elderly. Economic insecurity is the major setback for older persons, whether they are agricultural wage labourers or unemployed (Handayani and Babajanian, 2012). Most of the elderly people in SSA are not able to save and have enough income in their old age. Social assistance schemes are being designed to assist the most vulnerable individuals, households and communities to meet a subsistence flow and improve living standards (ILO, 2011).

The concept of social assistance is founded on the premise that all of society's citizens have a responsibility to protect the vulnerable and alleviate poverty, and that the state should play the mediating role in the redistribution of wealth from the rich to the poor (Plan, Undated; HAI, 2005; Adato & Bassett, 2012; [Commission for Africa, 2005](#) in Nino-Zarazua, 2012). The initiatives realise that the very poorest and vulnerable groups have not benefited from development initiatives despite their valued contribution (Plan, Undated). This is evidenced by the large numbers of people living on less than \$1 a day in most developing countries. For instance, in

Malawi 80% of the population live on less than \$1 a day with a large proportion of those being the EHH (HAI, 2005).

Social protection can take different forms: Social Cash Transfers (SCTs), Child Support Grants (SCG), Social Pensions and Health care and Farm Inputs Subsidies (FISs), Child Feeding Programmes (CFPs) or Public Works Programmes (PWPS) ([Commission for Africa, 2005](#) in Nino-Zarazua, 2012).

2.7.2 Benefits of Social cash transfers and social pensions

There is a large body of knowledge which suggests that social protection programmes (SPP), however modest, help economically and socially marginalised poorest households with a regular and predictable income which a household can rely upon to help alleviate deprivation (Plan, Undated; Adato & Bassett, 2012 Barrientos, 2011; HAI, 2005). According to Kabeer (2009) these programmes contribute to a more sustained economic impact on vulnerable households. This largely happens when the targeted households invest or save their money. In cases where the social assistance programme was in the form of input subsidy¹⁵, evidence indicates that more savings are accumulated in these homes which can then be used for such expenditures as health care, school tuition fees and clothing (UNICEF, 2005). Gartler et al., (2006), in their review of a programme in Brazil relating to cash transfers, state that a notable 12% of beneficiaries invested their cash in agricultural activities.

If support is long term, it has been known to reduce vulnerability to shocks, allowing households to accumulate assets which they can invest to improve the household's livelihoods. For instance Child Grants, which were introduced in 1998 in South Africa and were targeted at the poorest households, helped most older children to go to schools, but also improved the survival and development of all the children in recipient households (Moser, 2006; Plan, Undated).

15. Input subsidies are farm inputs (improved seed varieties and chemical fertilizers) aimed to improve soil fertility and reduce soil degradation and increase agriculture production to meet the Rio objectives of poverty reduction and environmental improvement (Stamoulis and Lipper, 2012:2).

There is also growing evidence that the provision of pensions also has striking benefits for children. In South Africa and Brazil provision of social pensions to the elderly had the effect of increased school attendance of children in recipient households (Plan, Undated; Adato & Bassett, 2012 Barrientos,2011; HAI, 2005), while in Botswana, Namibia, and South Africa a pension provided for older people has helped them cope with the financial burden they bear (UNICEF, 2009; HAI, 2005). This gesture should be encouraged and strengthened in middle to low income countries to set aside budgets for unconditional cash transfers to address the economic need confronting most elderly households owing to their reduced income earning capacity.

In Zambia, GTZ launched a 2 year Cash Transfer to the poorest households including those headed by the elderly affected by HIV/AIDS. Each month the households were given \$6.20. Most of this money was reported to have been spent on food, clothes, soap, and farm inputs. Sixty-nine per cent of beneficiaries were children under the age of 19 (Schubert, 2005). This signifies the significance of cash transfers in meeting household basic needs in SSA. When SP measures are properly managed they can enhance the quality of life and well-being of individuals in recipient households. SPs and welfare measures alleviate poverty and enhance the wellbeing and security of the poor in most countries, protecting them from vulnerability and deprivation ([Commission for Africa, 2005](#) in Nino-Zarazua, 2012).

Social protection has been widely acknowledged as a valuable policy framework to tackle intense poverty and vulnerability characterising the SSA ([Commission for Africa, 2005](#) in Nino-Zarazua, 2012). Studies by HAI in South Africa indicate that the pension older people are getting is proving to be important in providing support to other family members and is sustaining many households (HAI, 2005).

In Malawi there is no universal pension for the benefit of all the elderly. Pensions are only available to senior citizens who were employed in the public sector (Kazeze, 2007). However, the pensions they receive are far below the country's cost of living. Apart from that, Malawi does not have a good system to host health insurances. As a result, most elderly Malawians have no health insurance to support their health care. This can be made worse if the elderly person is caring for orphans and the need to be kept in perfect health. In Malawi, SPPs were introduced in 2007 as pilot projects

in 7 districts in the country. Issues of human and financial resources continue to slow down the roll out of the programme (Schubert, 2007). However, where they have been piloted, evaluation results have shown an increase in child attendance at school, and a reduction in malnutrition in the under-fives (Schubert, 2007).

The development of the present income transfer programmes and the rise of new social protection ideas by governments in Low and Medium Income Countries (LMIC), in partnership with donors, indicate a change in anti-poverty policy thinking in the region. However, until now, the growth of social protection programmes has been limited to a few countries, mostly in Eastern and Southern Africa. This is largely due to a lack of sound and sustainable institutional bases, such as financial, administrative and human resource capacity, to implement and manage SP and SCTs (139 Naño-Zarazúa, Miguel 2012).

2.8 Conclusion of the chapter

This chapter has analysed literature across the world on Children Without Parental Care (CWPC), its causes and consequences on the elderly especially in SSA. Specifically the chapter has focused on CWPC as a result of AIDS mortality and its impact on the elderly, their roles before the HIV/AIDS era, and the impact of HIV/AIDS on the elderly's livelihoods. Based on this analysis, it is clear that extended families, especially elderly members remain the principal support for children affected by HIV/AIDS in most Sub-Saharan Africa countries. The chapter also reveals the recent decline in infection rates in most parts of the world, including Malawi, as well as the reduction of AIDS related deaths due to increased financing and access to ART by global efforts to halt HIV/AIDS related premature death. It has also analysed the changing roles of the elderly over time and the factors which have led to the current roles played by the elderly. It has also reviewed the reasons for the general poverty of the elderly and also described the various support systems in place to support the elderly in L&MIC. Through the foregoing, the chapter has highlighted factors that are leading to OVCs ending in EHH, factors affecting this relationship and what external players are doing or ought to do, to facilitate OVC and EC well-being. The next chapter discusses the Sustainable Livelihoods framework which is providing a lens in this study to analyse the impact of HIV/AIDS on the livelihood assets of the elderly.

Chapter 3 : The Conceptual Framework

3.1 Introduction

The Sustainable Livelihood Framework (SLF) has mainly been used for analysis in the agricultural and natural resources field, particularly with problems arising from famine, droughts and food insecurity. The concept of livelihood is increasingly becoming popular as an approach to understanding and analysing the economic activities of poor households and how they could be supported to survive (Ashley and Carney, 1999). Arising from this, in this thesis, I use the SLF to aid the understanding of how elderly households cope, and allocate livelihood resources in times of crisis, such as death of a breadwinner who has left behind orphans in their care. The SLF is being used to provide the lens to highlight the impact of HIV/AIDS on the livelihoods of elderly care givers of OVCs due to the prolonged wide-scale effects of HIV/AIDS crisis. Underlying this study was the desire to contribute to a better understanding of these factors - long wave of the disease AIDS, its impact on assets especially social capital, human capital and the presumed loss of remittances (financial capital) from the elderly's ill or deceased children for the livelihoods of the elderly carers.

The livelihoods framework links people's changing asset status to their livelihood strategies and to the institutional contexts that facilitate or hinder the extent with which they are able to cope or emerge out of poverty (Carney, 1998; Ellis, 2000; Scoones, 1998 in Ellis et al., 1999). This chapter first explores the history and development of livelihoods. This is then followed by a review of the various concepts and their definitions and the underpinning theoretical issues and challenges of the SLF (see fig. 3.1 below). The strengths and weaknesses of the framework are briefly reviewed and the rationale for still choosing to use the SLF despite its identified weaknesses. The chapter concludes by highlighting the vulnerability context of Chiradzuru district, especially socio-economic issues that impact most households in the district.

3.2 The Evolution of Livelihoods as a concept

Debate and development of the livelihood concept began in the 1980s with the work of Robert Chambers who challenged the prevailing approaches to working in rural development and poverty. Chambers (1983) highlighted the unsatisfactory results of

rural development efforts, which led him to identify and analyse the successes and failures of the development approaches of the time. As Solesbury (2003:5) states in his review of the evolution of the concept, Chambers and Conway's concept paper on sustainable livelihoods, published in 1991, "criticised many previous development paradigms of production, employment and income as industrial and reductionist, which 'do not fit or capture the complex and diverse realities of most rural life'." In particular, these development policies perceived agriculture as the foundation of rural development and the smallholder farmer as the main point of entry, but without taking into account the evolving nature of other livelihoods activities which the rural poor engage in to meet their basic needs (Chambers and Conway 1991). Increasingly, poverty has now come to be seen as multi-dimensional and rural people as having diverse ways of making a living.

In the 1980s, market liberalisation, through Structural Adjustment Policies (SAPs), became the dominant model for developing countries to aid debt repayment. The World Bank and International Monetary Fund (IMF) promoted SAPs through the provision of loans to developing countries that were conditional on the implementation of certain policies (WHO, 2007). These policies were intended to encourage the structural adjustment of an economy by, for instance, removing "excess" government controls and promoting market competition as part of the neo-liberal agenda. The financing was designed to support macroeconomic policies in developing countries through loans or low interest subsidies (Ibid). However, SAPs were reported to have impacted negatively on the social sector. In health, for instance, SAPs negatively affected both the supply of health services (by insisting on cuts in health spending) and the demand for health services (by decreasing household income, thus leaving poor people with less money for health expenditure) (WHO, 2007). Studies have shown that SAPs policies slowed down improvements in the health status (or even worsened the status) of people in countries implementing them (WHO, 2003; Gladwin, 1991; Elson 1995). Reported outcomes from their implementation included worse nutritional status of children, increased incidence of infectious diseases, and higher infant and maternal mortality rates (Cornia and Menchini, 2001).

Donors largely set 'top-down' priorities for development assistance, and thus excluded the views of the poor whose poverty they were trying to address (Ellis and

Biggs, 2001; Lasse 2001). Growing dissatisfaction with the outcomes propelled development practitioners to re-consider the neo-liberal development paradigm represented by SAPs (Fine, 2000; Cornia and Menchini, 2001). Alternative approaches, advanced in the later 1980s and 1990s, included more people-centred approaches such as the actor-oriented approach (Long 2001); understanding vulnerability and coping strategies (Chambers 1989; Rakodi, 1999); and participation, and empowerment (Chambers, 1995; Rowlands, 1995). These approaches compelled development practitioners to rethink the neo-liberal 'top-down' strategy and begin to involve the poor in constructing their own definition of poverty in order to better understand and support coping strategies of the poor. Long (2001), for example, proposed the actor-oriented approach in which concepts were grounded in the everyday life experience and understandings of the rural poor. Vulnerability was perceived as a much wider and more diverse concept than poverty, which failed to grasp "that those defined as poor in consumption terms may not capture all deprived and vulnerable households and individuals" (Rakodi, 1999). In many of these approaches, grassroots organizations represented vulnerable groups who were severely affected in terms of the material available to them, their vulnerability to global and national policies and economic fluctuations (Bhatliwala, 2002).

The debate, outlined above, also coincided with concerns about 'sustainable development', which were advocated at the highest policy levels by the World Commission on Environment and Development (1983-1987), chaired by the former Prime Minister of Norway, Gro Harlem Brundtland. The Commission report defined sustainable livelihoods as:

"adequate stocks and flows of food and cash to meet basic needs. Security refers to secure ownership of, or access to, resources and income-earning activities, including reserves and assets to offset risks, ease shocks and meet contingencies. Sustainable refers to the maintenance or enhancement of resource productivity on a long-term basis. A household may be enabled to gain sustainable livelihood security in many ways – through ownership of land, livestock or trees; rights to grazing, fishing, hunting or gathering; through stable employment with adequate remuneration; or through varied repertoires of activities." (WCED, 1987 in Chambers and Conway, 1991: 5)

In the late 1980s, Robert Chambers, Gordon Conway and others, working with the Institute of Development Studies (IDS) and the International Institute for Sustainable Development (IISD), developed the Sustainable Livelihoods (SL) approach in order to link programmes centred on the environment, development and livelihoods. The framework was first designed by Carney and is used by DFID in development planning. Sustainable livelihoods, as a goal, are grounded in the real lives of the people and mean achieving a 'good life', which would include characteristics such as: meaningful work, meeting basic needs, health, security, and living within an equitable and just society and in a secure working environment (Carney, 1985). This resulted in the emergence and development of sustainable livelihoods as an integrating framework. The SL approach builds on the Integrated Rural Development (IRD) model, Sen's (1997) capability approach, participatory development and basic needs approaches, food security studies, and sector-wide approaches (Chambers and Conway, 1991; Solesbury, 2003; DFID 2003; Haidar, 2009). In their work, they were able to identify the dynamic nature of the rural poor's livelihoods. This approach called for an engagement with the poor themselves. The aim was to give up on the process of deciding for the poor and to focus, instead, on the agenda of the poor and on how they were most likely to accomplish their goals. A key step was building a precise and dynamic picture of how various groups of people function within their environment. In order to support their coping strategies, development practitioners would now take a broad and systematic view of the factors that cause poverty and of the various livelihoods strategies pursued by the rural poor. This is when issues such as vulnerability to shocks, adverse trends and social exclusion (Lasse 2001); poorly functioning institutions and policies, and a basic lack of assets, were incorporated and put into a single framework. According to DFID, the development of the SLF refocused international development efforts on the elimination of poverty and the encouragement of economic growth which benefits the poor (DFID, 1997 in Solesbury, 2003:1).

3.3 Concepts of Sustainable Livelihoods

Chambers and Conway (1991) conceived the notion of livelihoods on the basis of the concepts of *capability*, *equity*, and *sustainability*, each of which is both an end in itself and a means to an end. Each is seen as a goal in itself, and each is seen as a means of supporting the other goals (Sen, 1998).

Capability refers to:

“A person’s ability to achieve a given functioning or being able to perform certain basic functions up to certain levels, to what a person is capable of doing and being. It means to be adequately nourished, to be comfortably clothed, to avoid escapable morbidity and preventable mortality to lead a life without shame, to be able to socialise, to be able to keep track of what is going on and what others are talking about” (Sen, 1987:18).

It also means the ability to perform some basic tasks or perform livelihoods necessary for survival of a household and to escape poverty and severe deprivations (Sen, 1987). This means being able to cope with stress and shocks; being able to identify and utilise livelihoods opportunities, not just having reactive capabilities but also the ability to be proactive; gaining access to and utilising information, (Sen, 1987 in Chambers and Conway, 1991:4).

Hence, while the concept of capabilities refers to a very wide array of opportunities, basic capabilities mean the actual opportunity to escape poverty or to meet or exceed a threshold of well-being. Nussbaum (2006) developed a prescribed list of capabilities, which were grouped together under ten “central human capabilities”. These are-“life; bodily health; bodily integrity; senses, imagination and thought; emotions; practical reason; affiliation; play; and control over one's environment” (Nussbaum, 2006: 76–78).

Nussbaum justifies this list by arguing that each of these capabilities (the functionings) is necessary for a human life to be “not so impoverished that it is not worthy of the dignity of a human being.” Attaining a ‘functioning’ (e.g. being adequately nourished) with a given package of commodities (e.g. bread or rice) depends on a variety of personal and social factors (e.g. age, mental and physical abilities, activity levels, health, access to medical services, nutritional knowledge and education, climatic conditions, etc.). Hence, a ‘functioning’ refers to the use a person makes of the commodities at his or her command (Nussbaum, 2006).

This prescription of capabilities does not go down well with Sen, who argues against, and explicitly refutes, “One pre-determined canonical list of capabilities chosen by theorists without any general social discussion or public reasoning” (Sen, 2005). Sen

contends that this list was conceived without the constructive role of democracy and the significance of public participation and discussion:

“The problem is not with listing important capabilities, but with insisting on one predetermined canonical list of capabilities, chosen by theorists without any general social discussion or public reasoning. To have such a fixed list, emanating entirely from pure theory, is to deny the possibility of fruitful public participation on what should be included and why public discussion and reasoning can lead to a better understanding of the role, reach and significance of particular capabilities” (Sen, 2004:77, 81).

Sen believes that Nussbaum’s basic capabilities are important for poverty analysis and, more generally, for studying the well-being of a wide range of people in poor countries, or “for theories of justice that endorse sufficiency as their distributive rule” (Sen, 1987 and Sen, 2005: 158-159). This study focuses on the elderly’s individual capability set and on what they have been able to realize from their own capability sets, that is, their functionings or well-being achievements.

For most elderly people, especially in Low Income Countries (LIC), old age brings with it frailty and incapacity. This is due to unmanaged ailments resulting from inadequate access to essential health and other public services, loss of earning capacity to access remittances in terms of a wage, as well as to the lack of a social pension.

Equity, as defined by Braveman and Gruskin, means:

“social justice or fairness; it is an ethical concept, grounded in philosophies of distributive justice or in conventional terms can be measured in terms of relative income distribution” (Braveman and Gruskin, 2003:254, Chambers and Conway, 1991:4).

Equity too is an end and a means, this entails that any least amount of classification of equity must comprise adequate and decent livelihoods for all, which is an end; and equity in assets and access are prerequisites, or means, for attaining adequate and decent lives.

According to Moser (1998:3), “the more assets people have, the less vulnerable they are, the greater the erosion of people’s assets, the larger their insecurity.” This is

access also to membership organisations thus equity entails access to various forms of capital, to livelihood strategies and to decision-making bodies and sources of influence (Chambers and Conway, 1991). Among most of the deprived, such as the elderly members, there exists unequal access to various public goods and services. For instance, health services are less accessible in most rural areas, where most elderly are represented, than in urban areas. This is also true between the well-off and the poor. In general, those who need preventive services and medical care most, are the least likely to be able to access them.

Sustainability, for Chambers and Conway, (1991:5)

“Connotes the ability to maintain and improve livelihoods while maintaining or enhancing the local and global assets and capabilities on which livelihoods depend.

A **livelihood**¹⁶ is considered sustainable, when it can “survive with, pull through and recover from stress and shocks”, such as the death of a breadwinner, without compromising the livelihood of future generations. Sustainability is also both an end and a means: as an end, it denotes that the sustainable stewardship of resources is, in itself, a value, and, as a means, it entails its ability to provide conditions or a means for livelihoods to be preserved or conserved for upcoming generations”, (Chambers and Conway, 1991:5).

In the light of the loss of livelihoods through AIDS related mortality, how resilient are the Elderly Headed Households (EHH) in caring for orphans? Resilience is the capability to recuperate from shocks without depleting assets (Carney et al., 1999; Sen, 1981).

Carney et al., (1999) highlight that sustainability of livelihoods implies:

1. The capability to cope with and recuperate from shocks and stresses;
2. Economic competence to minimum inputs to produce a certain amount of outputs;

16. A livelihood is a diverse portfolio of activities and social support capabilities in order to survive and to improve a households' standard of living (Ellis, 1998 p1).

3. Ecological integrity, making certain that livelihood pursuits do not permanently degrade natural resources within a given ecosystem;
4. Social equity. Thus encouragement of livelihood opportunities for one social group should not exclude options for other social groups, either now or in the future.
5. Sustainable livelihoods can be understood as both a goal and an approach.

The interest for this study is in whether the livelihoods of the elderly are sustainable, that is, able to cope with stress and shocks and retain its ability to continue and improve. Using the SLF, the study also seeks to analyse the impact of the elderly livelihoods on the local and global environment.

Chambers and Conway (1991) argued persuasively that capability and equity were concepts that, if attained, could together make household livelihoods sustainable. Using a concrete example of the combined effect of capability and equity, if an elderly carer is physically able to perform certain functions, such as farming or trading to a certain level, which is made possible by having access to health care and credit, they will then be in better physical health, better nourished, and be less vulnerable to various risks, which may then create more opportunities to meet or exceed a threshold of well-being.

Equally, if they are able to access livelihood assets, which the socially advantaged groups have, and they are also able to convert these assets into productive outputs, such as increased food production, their household will be able to achieve physical and economic well-being.

Conversely, if the elderly carer is incapable of performing certain basic functions, has little or no access to livelihood assets, and is also confronted with inequitable access to public goods (such as medical care, good nutrition, credit etc.), then the household will experience poverty and deprivation. It will be difficult for such heads of households to sustain the household in order to meet daily requirements.

3.4 Sustainable livelihoods

Simply stated, a livelihood is “a means of gaining a living” (Chambers and Conway, 1991:5). Chambers and Conway (1991:6) developed this definition further, highlighting the different elements of livelihood as “comprising the capabilities, assets

(stores, resources, claims and access) and activities required for a means of living”; and in terms of sustainability, “a livelihood is sustainable which can cope with and recover from stress and shocks, maintain or enhance its capabilities and assets, and provide sustainable livelihood opportunities for the next generation both now and in the future, while not undermining the natural resource base” (ibid:6). A livelihood is sustainable when it can preserve or build on *available* capacities and *assets* and not weaken the natural resources or environment (Chambers and Conway, 1991: 1). Scoones (1988) highlighted the first three concepts (capabilities, assets and activities) as emphasising wider issues of adequacy, security, well-being and capability. The last two of these components add the sustainability aspect, looking, in turn, at the resilience of livelihoods and the natural resource base¹⁷ on which, in part, poor people’s livelihoods hinge (Scoones, 1998).

Similarly, Long (2001) refers to livelihoods as,

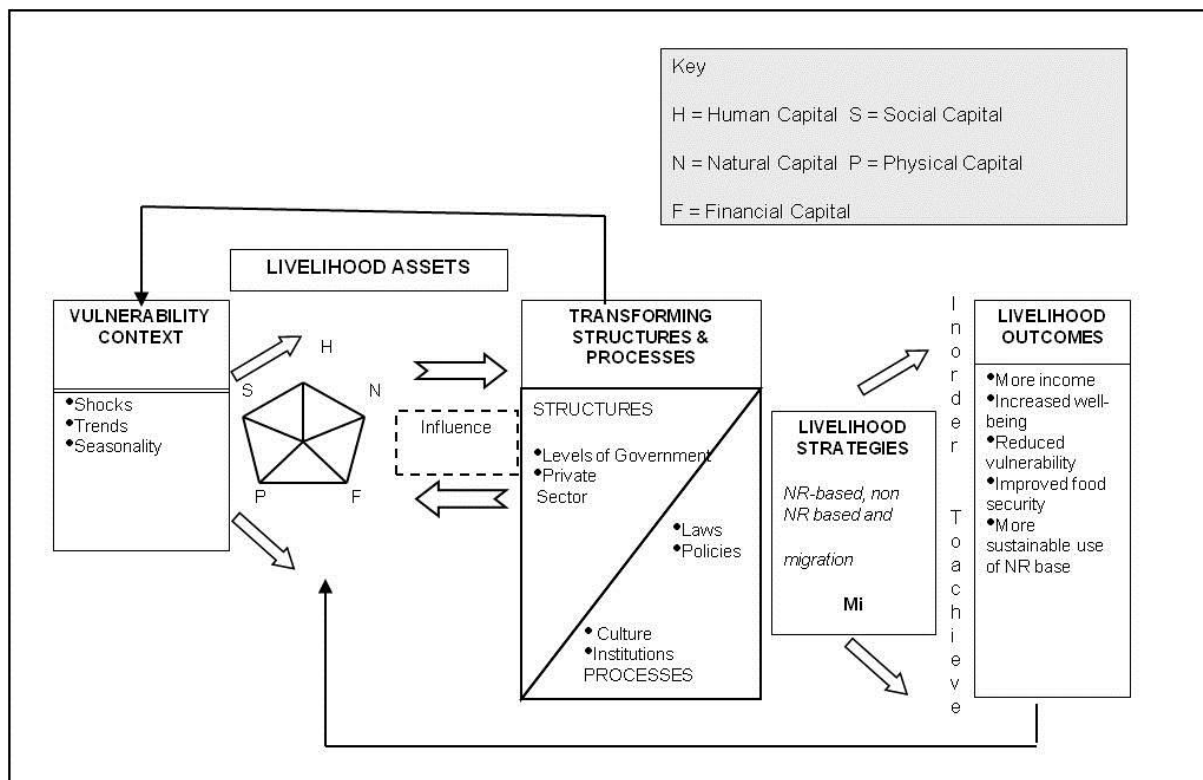
“practices by which individuals and groups strive to make a living, meet their consumption and necessities, cope with adversities and uncertainties, engage with new opportunities, protect existing or pursue new life styles and cultural identifications, and fulfil their social obligations,” (Long, 2001:241).

Long’s definition of livelihoods applies particularly well to this study, which seeks to find out how EHH are coping with the adversity of HIV/AIDS deaths and consequent impact of caring for OVCs, and how, if at all, they have engaged with new opportunities to fulfil their social obligations.

17. The land, forests, water

The sustainable livelihoods approach (SLF) (see Figure 3.1) was conceived to help understand and analyse the livelihoods of poor people in order to enhance the effectiveness of livelihoods-related interventions. The first part of the SLF shows the vulnerability context within which people practice their livelihoods using the various livelihood assets, which are available from household to household in varying amounts. These influence or are influenced by transforming structures and processes to choose livelihood strategies to realise positive or negative outcomes.

Figure 3-1: Sustainable rural Livelihoods Framework (Carney, 1998:5)



3.4.1 Components of the SLF

- **Vulnerability Context**

This frames the external environment in which people exist. Vulnerability entails “defencelessness, insecurity and exposure to risk, shocks, trends and stress” (Chambers, 1989). It signifies the inability to cope with the distinctive situations created through rapid change that may lead to impoverishment, loss of livelihood and destitution. The common shocks that confront the poor are the sudden deaths of breadwinners, disease outbreaks, civil wars, droughts, floods, seasonality of prices, and inflation.

In this particular study, the major shock the elderly have experienced is the death of the elderly’s older children, which has impacted on most of the elderly’s livelihood security through loss of labour and remittances, including social capital, which were provided by their deceased children. Stresses that the elderly are confronted with include the loss of their labour output to produce enough food to feed the orphans in their care and the influx of OVCs into their households as they assume the role of principal carer. The emphasis is on strengthening potential for resilience, which, according to UNDP (2001), is the capacity of a household to survive various forms of shocks and stresses and be able to fulfil their basic needs, such as those listed above (Carney et al., 1999; Sen, 1981).

It comprises **Trends** (i.e. demographic trends; resource trends; trends in governance), **Shocks** (i.e. human, livestock or crop health shocks; natural hazards, like floods, droughts or earthquakes; economic shocks or inflation; conflicts in the form of national or international wars), and **Seasonality** (i.e. seasonality of prices, products or employment opportunities), all of which lie furthest outside the elderly carers’ control (Chambers, 1989). However, not all trends and seasonality are negative; they can shift in favourable directions, too. Such positive trends can include new technologies or seasonality of prices, such as during harvests when the price for food is low, a shift from autocratic to democratic regimes etc., which could be used as opportunities to secure livelihoods (Devereux, 2001).

Population and resource trends, national and international economic trends, political trends and technological trends, can exert a positive or negative influence on the context of vulnerability, as outlined above (Devereux, 2001). Shocks, such as human

health shocks, natural and economic shocks, conflict and livestock and crop failures, can all impact directly upon people's assets status and choices open to them in the pursuit of beneficial livelihood outcomes (EU Report, 2010). Seasonality factors are the market forces, variations in the production of goods and services, seasonal health epidemics, and seasonal employment opportunities such as during agricultural seasons and, in the case of Malawi, brick moulding seasons.

As stated above, households and communities are subjected to random events that can challenge their livelihoods and push them into poverty or destitution. The ability to reorganise the asset base following a crisis is likely to differ from household to household, as will the household's ability to engage in various coping strategies. For instance, while many households may experience the same shock, such as the death of a family member, the vulnerability to its impact and the resilience of each household will vary (Scoones, 2009).

- **Livelihood Assets / Capitals**

The asset pentagon lies at the core of livelihoods framework within the vulnerability context. These signify the five key assets or capital endowments, as classified by DFID, which are significant initial building blocks for a livelihood strategy and activities in order to be able to realise particular outcomes. The shape of the **asset** pentagon is depicting the variation in people's access to assets. The centre of the pentagon, where the lines meet, represents no access to assets as the lines progress outwards represents maximum access to assets (DFID, 1999). On this basis, different length of lines from the centre of the pentagon represents variations in social groups in communities to access to livelihood assets. Individuals and households derive their livelihoods from a combination of assets that are defined as Natural, Financial, Social, Physical and Human capitals (including political capital), which represents both tangible and intangible assets. The **livelihood assets** that a household has access to will influence the productive activities they will choose. The level of assets they have, or have access to, will allow them to respond to shocks and stresses, regardless of their severity and impact, and permit them to develop coping strategies through using these available assets to deal with the shocks (Stroke, 2003). Inequitable access to such livelihoods assets exists among different

groups of socially disadvantaged people, as presented by the SLF asset pentagon (Fig, 3.1).

Natural assets refer to:

“the natural resource stocks (soil or land, and water, natural forests and woodlands, air, genetic resources and environmental services, hydrological cycle, from which resource flows and services useful for livelihoods are derived,” (Scoones, 1999:7).

Financial assets refer to:

“the capital base, available cash/savings or equivalent credit/debt, and other economic assets (including basic infrastructure and production equipment and technologies) that allow people to pursue any livelihood strategy,” (Scoones, 1999:8; DFID, 2000).

These assets could also be reachable stocks or liquid assets such as livestock, cash /bank deposits or usual inflows of money such as labour income, pension and remittances (Ibid).

Kollmair and Juli (2002) describe financial assets as the most flexible of the five capital assets as they can be converted into other types of assets or used to directly acquire livelihood outcomes (e.g. purchase food to reduce food insecurity). However, for most poor households, where the elderly are highly represented, it is the least accessible and makes other assets - such as labour and social capital - vital alternatives (Kollmair and Juli, 2002).

Social capital refers to:

“social resources (networks, social claims, social relations, affiliations, associations) upon which people draw when pursuing different livelihood strategies requiring coordinated actions” (Scoones, 1999:8).

Society is comprised of social groups which control attitudes (norms), beliefs and access to resources and opportunities. Social groups differ in their access to resources and power. They operate by embracing some and excluding others, for example in class societies. To own social capital, a person must be connected to

others and it is these others, not him /her, who are the actual supply of his/her, advantage (European Foundation in Haan 1998). For instance, if a person has a higher social status in the community, it means they have the potential to negotiate for services, such as credit, or to organize others to partake in networks of support, or to gain membership in organisations, which the individual can draw on to achieve collective action (Ibid).

Physical capital comprises:

“the basic infrastructure, tools and equipment, e.g., affordable transport, secure shelter and basic buildings, adequate water supply and sanitation, clean affordable energy and access to information transport, needed to support livelihoods, such as and many more” (Kollmair and Juli, 2002: 7; Scoones, 1999).

Poor infrastructure limits access to education, health services and income generation opportunities. For instance, Kollmair and Juli (2002) point out that where irrigation facilities are lacking, long periods are then spent doing less productive work, such as the collection of water, which sometimes needs additional labour that could have been used elsewhere (opportunity cost). Most rural communities are deprived of infrastructure, such as passable roads and transport infrastructure to facilitate trade, and access to public goods and services (Ngwira et.al, 2001; Mtika, 2001). These limit the rural poor’s ability to consider alternative livelihoods when farming fails.

Human Capital refers to:

“the skills, knowledge, ability to labour, that collectively enable the households to pursue different strategies and attain their livelihood objectives” (DFID, 1999).

At the household level, the human capital entails the quantity and quality of labour available, which varies according to household size and dependency ratios, skill sets, leadership potential, health status, etc. It is a means of achieving livelihood outcomes. Human capital is important in order to make use of any of the four other types of assets that can help attain positive livelihood outcomes (Morse *et al*, 2009, DFID, 1999, Scoones, 2009), such as food security, income security and enhanced health and well-being.

Livelihood strategies:

These are the specific ways and activities, assumed by people to achieve targeted outputs in their livelihoods. These activities are also influenced by external factors. For instance in rural settings, the poor employ diversified types of activities, such as farming, livestock, or off-farm activities, like hiring out their labour (*Ganyu*) and migration for work as wage labourers.

Strategies mostly determine people's choice of what activities to combine, which outcomes to pursue, and which available assets to invest in. The choices can be realized by widening the capital base, for instance through education. Some families who had been well-off before, as a result of the many deaths that have occurred in the family, they have lost the assets they had invested for future insurance such as their savings, productive capital, livestock and the human and social capital of their children some of whom were their breadwinners through remittances they used to send to their parents pushing these households into deep poverty with no possibility to come out. Here Lloyd-Jones and Rakodi, (2002) refers this as the dynamism of poverty, that people can move from being well-off into poverty with no hope of coming out.

From the SLF in Fig 3.1, livelihood strategies can be categorized as coping, surviving, adapting and accumulative. *Coping strategies* aim to minimize the impact on the potential livelihood capacities through such activities as hiring out labour in other people's gardens for food or money, or levelling consumption; *Survival strategies* have the principle goal of reducing/preventing impoverishment and death; *Adaptive strategies* reduce threat through modification and diversification of livelihoods, e.g., winter and rainy season cropping to obtain two harvests per year; *Accumulative strategies* boost assets through gainful enterprises (Carney et al, 1999; Sen, 1981).

Within the household, a different arrangement of strategies may be followed sequentially, depending on changes in dependency ratios, health conditions and other factors, such as land degradation (Scoones, 1998).

- **SL Outputs and Outcomes:**

These are what people seek to achieve after employing a livelihood strategy. These outputs and outcomes include increased well-being, increased security in

livelihood(s) strategies, reduced vulnerability, improved food security, basic needs satisfied - better access to health care/water and sanitation, self-respect, and the ability to exert some control over the future. According to Seeley et al. (2003), livelihood outcomes for the poorest people include 'more income', but may also include 'increased wellbeing', which may come from increased social status, physical security, improved health, recognition and respect for certain cultural or religious heritage and values by a wider society.

These outcomes can be influential factors for further livelihood improvements through the strengthening and accessibility of assets and by enhancing the human capability to use these resources effectively through appropriate strategies.

- **Institutions and organisations:**

For a livelihood to be sustained it is necessary for the cooperation of the broad range of influences that will order the flow of activities (Scoones, 1999). These factors are what are termed the *transforming structures and processes*. They are social structures and processes through which sustainable livelihoods are achieved, which are summed up as institutions, policies, and processes. Institutions, in sociological and anthropological terms, are:

“regulated practices (or patterns of behaviour) structured by rules and norms of the society (also called rules of the game distinguished from organisations-the players) which have persistent and widespread use. They maybe formal and informal, often fluid and ambiguous, and usually subject to multiple interpretations by different actors” (Giddens, 1979 cited in Scoones, 1998:12).

Power relations are rooted within institutional arrangements, practices, rules and norms, which can have a significant impact in a community and household. They are also dynamic, continually being shaped and reshaped over time. They can be socially negotiated rather than fixed “objects” or “bounded” social systems (Scoones, 1999). According to Davies (1997: 24 cited in Scoones, 1998:12):

“Institutions are social cement which links stakeholders to access to capital of different kinds to the means of exercising power and so define the gateways through which they pass on the route to positive or negative livelihood adaptation.”

Davies' definition is in sync with this study, as knowledge of institutional processes allows for the identification of restrictions/barriers and opportunities (or 'gateways'), and inform the 'rules of the game' which people ought to follow in order to secure sustainable livelihoods. Since formal and informal institutions (ranging from land tenure procedures, to labour sharing systems, to market networks or credit arrangements) arbitrate access to livelihood resources they also affect the composition of livelihood strategies (Scoones, 1999).

Policies of government, NGOs (both local and international) at different levels, **Processes and Institutions**, can either support or obstruct livelihood strategies that a household would want to adopt (Scoones, 2009; IFAD SL Workshop, Undated). **Processes** in decision making, social norms, and customs that a community has (such as marriage and kinship systems, inheritance etc.) can also impact on livelihoods delivery, as can processes associated with political and legislative institutions, and commercial enterprises (Scoones, 2009).

3.5 The Vulnerability of the EHH

HIV/AIDS has impacted heavily at the household level, affecting the livelihoods of the most vulnerable groups to which the elderly belong (UNAIDS, 2012; Drimie and Gandure, 2005). There is growing literature on the links of poverty, household livelihoods and the impact of HIV and AIDS which all point to the fact that AIDS has contributed to the deepening poverty and increasing inequalities at every level (UNAIDS 2012). Given that vulnerability, the elderly are often at a disadvantage with respect to economic activities. Understanding the factors related to their vulnerability, therefore, becomes crucial. Most studies have identified a combination of three factors, their health status, cognitive ability and social support, as being the major variables that contribute significantly to their vulnerability (HAI, 2005; Barrientos and Heslop, 2003).

3.6 Linking Conceptual framework to the study

There is growing body of knowledge on the links between poverty, household livelihoods and the impact of HIV and AIDS. Many studies have found that AIDS contributes to deepening poverty at household, community, national and international level as it affects peoples' livelihoods (UNAIDS, 2012; Wangui, 2007; Barnett and Rugalema, 2001; Sousson, 2005). This study examined the impact of HIV and AIDS

on the household livelihoods of the elderly caring for OVCs. Through the findings, it is hoped that a picture emerges of how the livelihoods and capital assets of elderly households have been affected by the pandemic.

First and foremost, HIV and AIDS have reduced farm production and incomes, as labor is lost to sickness, caring and death which, in turn, erodes the capital base of affected households and forces them to plant smaller areas employing intensive labor techniques (Drimie and Gandure, 2005). Using the example of Malawi, it was reported in 2005 that the agricultural production of the country went down due to the illness of active members of households, and the need to care for them. As a result, the natural capital gets affected (Chinsinga, 2007).

Most scholars have highlighted how the influx of orphans in their care has affected the well-being of elderly carers, as well as the quality and quantity of the labour they are able to expend in order to secure their households (Wangui, 2007; UNAIDS, 2012; Barnett and Rugalema, 2001; Sousson, 2005). The rationale in choosing the SLF for this study was its ability to provide an understanding of both household livelihood processes and how these processes are affected by various stresses and shocks, especially the shocks of HIV/AIDs deaths and the stresses of high dependency ratios within EHH. Such being the case, it is important for the study to look at the different assets and strategies that define a household livelihood and to document the challenges that are faced by the elderly in relation to the various assets.

This chapter will conclude with a discussion of the strengths and weaknesses of SLF.

3.7 Strengths of the SL Framework

- The SL provides a framework to aid in the understanding of the main factors that affect poor people's livelihoods and the relationships between these factors. This, in turn, has the ability to facilitate planning and implementation of more effective development interventions (DFID, 2000).
- The framework identifies assets and strategies available to poor people (for instance the elderly) and uses these as a starting point. It also shows how dynamic their livelihood are (people's livelihoods and their dynamics over time), strategies and outcomes (before resources and activities). Poverty is dynamic, with people and communities moving in and out of poverty, and with

the specific form of that poverty also changing over time (Barrientos, 2010). The SLF helps to analyse these different courses of change that households encounter and the factors that describe the vulnerability context within which livelihoods exist, which are critical to the understanding of poverty and livelihoods (Morse et al., 2009, Chambers and Conway, 1992). Change can take place in diverse circumstances, for instance through death or incapacity; the situation of most affected families and households, including those of the elderly, have changed - mostly from better off to worse off - owing to increased AIDS mortality.

- The SLF encourages users to
 - a) Consider a broad and systematic assessment of the factors that cause poverty (regardless of sectoral issues), be they shocks and adverse trends, poorly operating institutions and policies, or a basic lack of assets, and
 - b) Examine the relations between them.

The objective is to avoid pre-conceptions about precisely what people seek, as well as how they endeavour to attain their goals, and to develop an accurate and dynamic illustration of how diverse groups of people function within their environment (DFID, 2000; FFSSA, 2004 and Chambers, 1989 in O'Brien et al, 2008).

Although the SLF is a useful tool for assessing the livelihoods of poor people, it has a few limitations. Below are some of the weaknesses.

3.8 Weaknesses of the SL Framework

- The first of SLF's weakness is that it is very complex and time consuming to use to analyse poverty and, therefore, requires a large investment of resources such as time and finances.
- Secondly, SLF focuses on the micro level (Scoones, 1999), thus the process fails to link to macro level debates, remaining more focused on micro activities at project or household level. Hence, this approach has missed new aid modalities that have focused more on direct budget support and the Paris agenda for aid effectiveness (Clarke and Carney, 2008).

- The context of aid has been changing so much over the years and there is a need for one to remain focused on emerging issues. In this regard, another weakness of the livelihood approach is that it has lacked detailed attention to power and politics. This has resulted in the failure to link livelihoods to governance issues that have come into the discourse (Scoones, 2009), although attempts were made to engage livelihood with decentralization (Manor, 2000) and rights based approaches (Mizer and Norton, 2001).
- Although the approach generated more support from NGOs, consultants and researchers, Scoones (2009) criticizes it for its failure to connect the state and politics and governance regimes as they emerged.

Although the framework has these weaknesses, the researcher decided to use it because the SLF recognizes people, whether poor or not, as actors with assets and capabilities who act in pursuit of their own livelihood goals. The SLF offers an understanding of the interactions of the context that every household lives in, the critical assets that every household needs in order to survive, and the effect of the external environment on the survival of every household. By analyzing the elderly household through such a framework as SLF, it is assumed that there will be a more detailed analysis of the challenges facing the elderly. Furthermore, through this framework, it is expected that it will allow one to map the specific intervention that will bring desirable changes to this vulnerable group (elderly carers).

The framework will aid in understanding these assets and capabilities among the elderly which they are using to support their households. The SLF will help to analyse the survival strategies the elderly-headed households (EHHs) adopt in order to cope¹⁸, survive¹⁹, adapt²⁰ and apply them to orphan care and well-being.

The SLF will help to analyse the impact of HIV/AIDS on the livelihoods of elderly care givers and the coping strategies they are using. By investigating responses that seek to address components of livelihood resilience of the elderly caregivers, the

18. Coping strategies aim to minimize the impact on the potential livelihood capacities

19. Survival strategies principle goal is to reduce impoverishment and death

20 . Adaptive strategies spread threat through modification and diversification of livelihoods

outcomes will help to inform strategies aimed at strengthening the capability of the elderly in Malawi to care for OVCs.

3.9 Vulnerability of Chiradzuru District, the study area

In this section I present a brief overview of Chiradzuru district, the study area; (see Map 3.1) highlighting mainly those issues that define its vulnerability context because it is within this context that elderly carers engage in their day-to-day livelihood strategies.

Map 3.1: Map of Chiradzuru district the study area



High HIV/AIDS prevalence rates

According to the NSO 2008 Population and Housing Census, Chiradzuru districts has a high adult HIV/AIDS prevalence rate of 15.1% (2004 Integrated Household

Survey), while 2007 Sentinel Survey indicates that the prevalence rate stands at around 21.4%. The discrepancy is because Sentinel surveys monitor rate of occurrence of disease rates in a specific cohort such as in a geographic area or population subgroup to estimate trends in larger population. And in this case the monitoring was done among pregnant women attending Antenatal clinics, hence the high prevalence rate, while the general prevalence rates are the average rates for the different population groups. Nonetheless, both figures are above the national average of 12.4% from previous three years (DHS 2004). A report from WHO, Ministry of Health & MSF (2004) estimated the prevalence rate to be as high as 19.8% among women attending antenatal clinics. Records from the District Hospital indicate a high HIV/AIDS prevalence and Chiradzuru ranks second in terms of the number of AIDS orphans in Malawi (MDHS, 2006; PEPFAR, 2008; Malawi AIDS Report, 2004). According to Chiradzuru district Development Plan 2008-2011, contributing factors to high HIV/AIDS prevalence rates are poor cultural practices- “virgin cleansing”, polygamy, and increase of commercial sex trade. Chiradzuru is a district that is about 25 kilometres from the commercial town of Blantyre (Chiradzuru socio-economic profile, 2009-2014). Most inhabitants experience food insecurity and poverty due to degraded soils and frequent droughts in the district. As a result most young to middle-aged men migrate to the city of Blantyre to look for wage earning opportunities, while others migrate to the Central Region of Malawi to work as tenant farmers. As they migrate they leave behind their wives and children in the village as subsistence farmers. There is evidence that this separation perpetuates promiscuity²¹ among both men and women (Chatterji et al., (2005). On the one hand men have been reported to engage in temporary sexual relationships where they have migrated to and women engage in transactional sex citing limited alternatives for earning a livelihood to feed their children as a major reason. Transactional sex has been linked to high risk of HIV acquisition as material and financial recipients to the transaction may not insist on “safer sex”. Usually there is power imbalance between the individual paying for sex and the person receiving the money thereby facilitating Sexually Transmitted Infections (STIs) and HIV (Chatterji, et al., 2005; Crush et al., 2007). The district suffers a high HIV disease burden as a result of high

21. Unfaithful behaviour mostly displayed through engaging in multiple sexual relationships

HIV/AIDS infection rates (The CZ Socio-Economic Profile 2009-2014; UNDP, 2004a; Ngwira, 1998). The district has two hospitals, with complete necessary health care- a government hospital and a Roman Catholic private hospital (Nguludi Hospital) and eleven Primary Health Care centres (Chiradzuru District development plan, 2009-2011). However, it has a high maternal and under five mortality rates due to poor and delayed health seeking and poor access to health centres and hospitals. It has a high number of OVCs, low household income levels, poor access and quality of education. Low health resources, such as personnel, infrastructure and supplies, have meant most households opting to self-treat ailments at home using either over-the-counter drugs or traditional medicine; resulting in most infections going untreated contributing to their ill health and that of the orphans in their care (Bock & Johnson, 2007). With an average life expectancy of 38.9 years (WHO, MSF & MOH&P, 2004), Chiradzuru has experienced high AIDS mortality and a drastic rise in the number of orphans. From 2004 to 2007 the number of orphans has risen from over 20,000 to 43,860 (NSO 2007); of these 25% have lost both parents most of these to AIDS related causes. The district is ranked third at national level in terms of high numbers of orphans (GOM, 2007; PEPFAR, 2008; WHO Report, 2008). In 2004, there were 2194 patients on ARVs compared to an estimated 27,000 patients in 2013 (Medicins san Frontiers Update, January 22, 2015). The district has a high percentage of bed ridden chronically-ill HIV/AIDS patients and a high representation of female heads, most of them with diminished income generation which contributes to low production capacity (GOM, 2004; Kamanga et al., 2004). In 2010, at the time of the study ARVs were being administered in 11 health centres in the district. However, for one to get ARVs, they needed assessment for viral load before a patient would be put on ARVs which was done at the District hospital which is about 13 km from the study site. From the MSF report, many people who have died of AIDS related causes who were on ARVs died for various reasons including noncompliance to the regime, some dropped the treatment when they felt better while others for socio-economic reasons (Medicins san Frontiers Update, January 22, 2015), the reason why although there was ART in a few health centres, there were still many AIDS related deaths which left a number of orphans.

Food Security

Chiradzuru is one of the most densely populated district in Malawi (308 people per sq kilometre) with an average landholding size of 0.5ha/ household (NSO 2008; Kamanga et al, 2004). It has a population of 290, 946 (NSO, 2008; USAID, 2007; Kamanga et al, 2004). Sixty-eight percent of households in Chiradzuru are female headed (Ngwira et.al, 2001). Low access to land, coupled with unaffordable farm input costs makes most households experience persistent food deficit. Land productivity is very minimal. Most farmers produce food to last them on average 3 months. Although the government of Malawi subsidizes farm inputs, the subsidized farm input cost is reported to be unaffordable by most poor households (Bock & Johnson, 2007; Kadzandira et. al., 1999).

Chiradzuru district relies heavily on subsistence rain-fed agriculture. Rainy season in Malawi is from November to March. The district has been reported to receive low amount of rains affecting crop production (Conroy et al (2006). It has no perennial rivers to support irrigation farming to subsidize rain-fed agriculture. The district has a rural economy characterized by a mixture of commercial and small holder subsistence farming. An ordinary household in Chiradzuru grows a combination of food and cash crops such as maize, peas, cassava and sweet potatoes and quite a few grow cash crops such as tobacco and vegetables at small scale (GOM, 2004). As per the Ministry of Agriculture policy smallholder farmers sell their crops to large commercial farmers as government does not grant them permits to sell their crops directly to tobacco auction markets (Conroy et al., 2006). In most cases commercial farmers have determined buying prices which in most cases have been exploitative aimed at maximising profit affecting how much subsistence farmers realise to support their families. Conroy et al (2006), estimates that 66% of EHHs in the district are food-insecure. Kazeze (2007) in his study found that crop production is worse for those households headed by an elderly person owing to their reduced labour (human capital) and lack of financial capital that could have been used to employ labour and buy farm inputs. The district is also experiencing a decline in livestock such as cattle, goats and chicken due to lack of grazing land.

Off farm enterprises

Due to the fact that most residents in the district have to supplement their food resources from the market, most households (88%) engage in other off farm livelihoods such as trading and *ganyu* to help them buy food resources in lean periods. The districts' proximity to the city of Blantyre gives a lot of trade opportunities between the two districts. Owing to increased demand for fuel wood and charcoal resources within the district and neighbouring Blantyre city, forests which used to provide forest resources such as fruits and fuel wood for cooking and for income are no longer there, reducing the number of households' survival strategies (Kamanga et al., 2004). According to Chiradzuru District development plan 2009-2011 and the CZ Socio-economic profile (2009-2014), most small scale businesses do not flourish due to lack of access to credit services such as micro finance institutions and banks. The 2011-2012 Annual Report Scottish Executive Chiradzuru Sustainable livelihoods project and Chiradzuru District development plan (2009-2011), highlighted food insecurity and low income levels. The district experiences high levels of child labour because research revealed that only 266 out of 71,560 households have access to means of production. An estimated 41.7% of the EHH in Chiradzuru live on less than a dollar a day and 65.3% are below the poverty line (UNDP, 2004a; Ngwira, 1998).

As a result most of the elderly cannot afford transport and medical user fees, resulting in most infections going untreated contributing to their ill health and that of the orphans in their care (Bock & Johnson, 2007). The depleted forest resources in the district (Kamanga et al., 2004) mean reduced livelihood strategies they could have otherwise adopted such as forest products they could use for food and for sale. The result is food insecurity in most households. Determining what livelihood strategies the elderly in Chiradzuru District are adopting to survive, cope and adapt as they strive to care for OVCs, is the essence of the study. The aims and objectives of the study are therefore to:

- Examine the impact of HIV and AIDS on the household livelihoods of the elderly caring for OVCs.
- Gain insights from the elderly regarding the challenges they are facing as they move from being care recipients to caring for OVCs.

- Fill gaps in knowledge pertaining to the experiences of the elderly caring for OVCs in Malawi.
- Inform development planners, the Ministry of Elderly & Disabled (ME&D), and all organisations targeting the elderly and OVCs in Malawi regarding their efforts in supporting and enhancing survival strategies that the elderly carers are adopting to care for orphans in Elderly Headed Households (EHHs).

In trying to fulfil these aims and objectives, this study will answer the following research questions:

- Using the SLF, what are the challenges faced by the elderly-headed households caring for the orphaned children and how are the elderly responding to the challenges of caring?

Sub- Research questions:

- How have the livelihoods of the elderly been impacted by the caring role?
- How do the elderly provide basic needs for themselves and OVCs in their care?
- What are the vulnerabilities in EHH?
- What social support is available from family, community, NGOs, Churches and Government?
- What recommendations for policy changes can be made to address the challenges on the basis of Questions 1-3?

3.9 Conclusion

This chapter has defined the various concepts that are important within the SLF, as well as highlighting their specific importance to the study, which are also referred to from time to time within the thesis. It has also highlighted how complex livelihoods are made up of multiple and dynamic portfolios of different activities, often improvised as part of an on-going 'performance'. It has also pointed to the fact that access to these asset portfolios differ from household to household, as well as between social groups, as is presented in the asset pentagon. It has also highlighted the significance and strengths of the SLF to the study, and its weaknesses as an approach and finally the chapter concludes with an analysis of the socio-economic

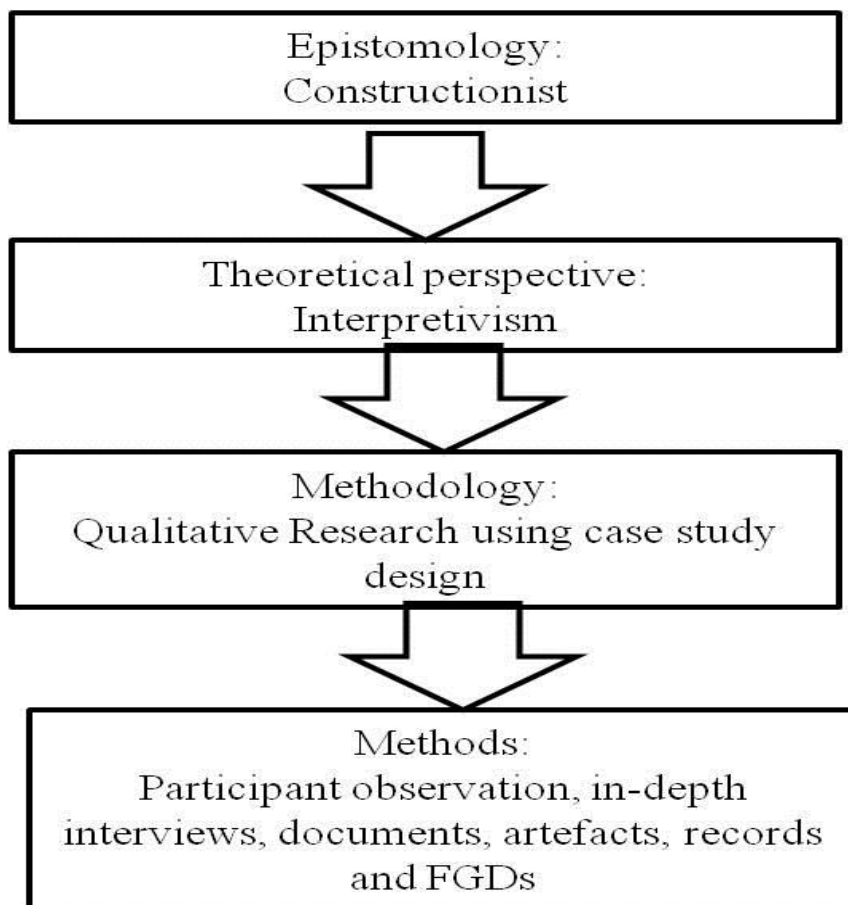
status of Chiradzuru district to highlight the vulnerability context within which the ECs practice their caring role.

Chapter 4 : Research Design

4.1 Introduction

This chapter presents the research design and methodology of the study. The research design is a research plan presenting justifications for all the technical decisions made in the research process (Blaikie, 2000). Crotty (1998) stated that epistemologies, theoretical perspectives, methodologies and methods are the basic elements of any research design. The research design for this study is outlined in *figure 4.1* below:

Figure 4-1: The Research Design



4.2 Theoretical underpinnings

Theorists point out that a well thought-out research undertaking starts with the selection of a problem or area of interest, as well as a paradigm (Creswell, 1998; Mason, 1996 in Groenewald, 2004). According to Denzin and Lincoln (2000) a theoretical paradigm is a basic set of beliefs that guides the thinking, or pattern of the

thinking, of a person. This denotes the theoretical perspective that underpins a methodology (Crotty, 1998).

Qualitative research can be considered from paradigms that investigate individual experiences and a person's 'lifeworld' (a phenomenological position); and perspectives that explore how language is socially constructed by people being studied (social constructionist approaches). Whilst phenomenological approaches are interested in the individual,

“thus a researcher applying phenomenology is concerned with the lived experiences of the people involved with the issue that is being researched” (Robinson & Reed, 1998 in Groenewald, 2004:5)

This study is based on a constructionist epistemology and uses interpretive phenomenology theoretic perspective.

4.2.1 Social Constructionist Epistemology

Epistemology refers to the nature of knowledge: it is a way of understanding and explaining how we know what we know (Crotty, 2003). Different epistemological assumptions provide different ways of understanding the social world (Moses and Knutsen, 2007). According to Crotty,

“Constructionism is the view that all knowledge and therefore all meaningful reality is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context (Crotty, 2003:42).”

Broadly speaking, social constructionism eliminates the idea that knowledge can be separated from social experience. In this case, the research participants experience the reality of the caring role as they undertake that role, engaging with their world and making sense of it based on their historical and social perspectives (Crotty, 2003; Creswell, 2003 and Neumann, 2004). Thus, meaning is not discovered but constructed by them. Other theorists argue that there is meaning already out there regardless of the human mind, just like a tree would still be a tree whether anyone knew of its existence or not. Nonetheless, perceptions of the tree may vary, even within the same culture, as it can evoke/represent different meanings via diverse sets of people (Crotty, 2003). The real meaning appears only when consciousness

engages with a subject or object. Hence meaning is created by those living the experience. It is when human beings move in and out of this interplay that meaning is conceptualised (Crotty, 2003). Crotty (1998) points out that all knowledge and all meaningful reality are constructed through relations between human beings and their environment.

As the elderly engage with their caring world, they construct meaning of their lived caring experiences as they participate consciously in the caring process. The experience may vary from other people of different age groups so, without engaging with the elderly who are in the caring role, we risk collapsing all caring experiences into one, and ending up in not representing the elderly's experiences as well. This study sought out the elderly's perceptions of that experience. Jarvis (2006:197) points out that,

“As the person is always in the world, so our experiences are constructs of our perception and awareness of the world.”

Constructionism mirrors the concept of intentionality which evokes a sense of directing our mind towards something, and thus, when the mind becomes conscious of something, when it knows something, it reaches out to, and into, that object (Crotty, 2003:44). However, a theoretical perspective underpinning a methodology is required. In this study I have utilised elements of interpretive phenomenology, which I will now explain.

4.2.2 Interpretative Phenomenology (IP)

IP is one of the categories of Interpretivism that have emerged historically (Crotty, 1998). IP Analysis is an approach to psychological qualitative research which aims to provide insights into how research participants, in this case the ECs, make sense of their caring role of OVCs. The objective in adopting this theoretic perspective is to examine in detail how the ECs are making sense of their caring world, drawing on the meanings of particular experiences. This study involved exhaustive examination of the EC's lifeworld; their personal accounts of experiences of events and not the researcher attempting to construct an objective account of their experience/s or event/s (Smith and Osborn, 2007). However, IPA also requires that the research undertaking process is dynamic with a vigorous/active role in conducting the research by the researcher. As a researcher I needed to take an active participant

role of an insider's perspective in the ECs personal world although not doing it completely but also taking on the role of an outsider (Conrad, 1987 in Smith and Osborn, 2007). As a researcher I needed to take an interpretive activity process arresting my own preconceptions and formations in order to understand the personal life world of the ECs. This Smith and Osborn, (2007) call

“a two-stage interpretation process, or a double hermeneutic,” implying that as the ECs make sense of their world; the researcher is trying to make sense of the ECs sense of their world. IPA is thus rationally connected to hermeneutics and theories of interpretation (Smith and Osborn, 2007:1)

It is both a philosophy and a research approach (Richards and Morse, 2007). Phenomenological research “*captures as closely as possible the way in which the phenomena is experienced within the context in which the experience takes place*” (Giorgio & Giorgio, 2003). Vital to phenomenology is the individual ‘lived experience’, a person’s perception of their lifeworld and the meanings with which people invest their experiences. Phenomenology is the study of lived existential meanings which attempts to describe and interpret these meanings to a certain degree of depth and richness (Van Manen 1990). It endeavours to gain insightful accounts of the way people experience the world around them (Van Manen, 1990:9), which has the possibility of being studied through the use of qualitative designs.

The phenomenological perspective is appropriate for the research question: “What are the experiences of the elderly caring for orphans and vulnerable children in Chiradzuru, Malawi?” The purpose of using phenomenology is to illuminate, as closely as possible, the interpretation of the experience of individual ECs and to present phenomena as perceived by individual actors who, in this study, are ECs of OVCs (Lester, 1999). Phenomenology entails the study of experience from the perspective of those who have or are living the experience. It avoids preconceptions to ensure that researchers do not allow their assumptions to shape the data collection or impose their understanding and construction on the data (Crotty, 1996; Polit and Beck, 2008), which Husserl calls ‘bracketing’. This means, arresting all taken-for-granted assumptions and prejudgements of the researcher (Lester, 1999; Taylor, 1994 in Dowling & Cooney, 2012:23; Paley, 1997; Dowling, 2004; Moran, 2005; Koch, 1999) in order to get to the essence and to attain the trustworthiness

and rigour of the study. Le Vasseur (2003) uses the term “epoche” to refer to this suspension of judgement, in order to be open to discovering the phenomenon (the essence) as experienced by a participant (Spinelli, 1989). This form of theoretic perspective is essential for this type of study to explore individual experiences of social or personal problems that have social care policy implications. It puts study participants at the center of the research process and makes visible their experiences as they perform the caring role and the social systems that surround them.

4.2.3 Qualitative Research Design

Qualitative methodology is of particular relevance to social constructionism and case study method. According to Creswell (1994), it is an inquiry process designed to understand a social or human problem based on constructing a *complex, holistic picture* created with words, reporting detailed insights of study participants, and conducted in a natural setting. Denzin and Lincoln (1994) expand the meaning of qualitative design by highlighting that it is multi-method in focus, involving an interpretive, naturalistic approach to its subject matter. This means that qualitative researchers study things in the subjects’ natural settings, attempting to make sense of or interpret phenomena in terms of the meanings people bring to them (Denzin and Lincoln, 1994) *“The objective is to describe and possibly explain events and experiences, but never to predict”* (Willig, 2001:9) .

The qualitative approach was determined by three factors:

- The **aims** of the study as highlighted in Chapter 4
- **Concepts and theory**

Given the variability of the concepts under investigation - orphans, caring, social support, and vulnerability, livelihoods, elderly, family and community - across social settings, it was important to understand how these concepts were interpreted in the research setting. This necessitated the use of qualitative research tools that would best capture the meanings of these concepts, such as semi-structured, open-ended interviews, Focus Groups (FGs), Participant Observations (POs), and conversations.

4.2.3.1 Benefits of Qualitative approach to the study

“Human behaviour, thoughts and feelings are partly determined by their context, so in order to understand people in their real life, you have to study them in their context and in the way they operate. How people behave, feel and think, can only be understood if you get to know their world and what they are trying to do in it. Objectivity can ignore data important for an adequate understanding” (Gillham, 2000:11-12).

Qualitative research is distinguished from quantitative research because of its interest in meaning; this study is about capturing some aspects of the social or psychological world (Braune and Clarke, 2013). It is descriptive rather than explanatory, and exploratory rather than hypothesis testing and it is carried out to understand a specific phenomenon. Qualitative research enables the researcher to carry out research where little is known about what is there or what the situation is, thus exploring complexities which would not be possible with more controlled approaches such as quantitative methods (Gillham, 2000). Qualitative research is focussed on the meanings of the experiences that are significant to research participants. As such, research participants are active participants in their own research (Gillham, 2000). The elderly’s words and actions were best captured through the use of a variety of qualitative methods that provided an opportunity to probe for detail, elaborate and clarify accounts while, at the same time, trying to understand and fill out a picture (Patton, 1990), as well as to capture the meaning of some words and gestures used by study participants. This enabled the researcher to achieve a rigorous data collection and get thick descriptions of data for a deeper insight into the phenomena.

This is in contrast to quantitative research in which the purpose is to scrutinize existing theory *“by testing variables that are pre-defined by the researcher”* (Tindall, 1994; Willig, 2001). While quantitative research aims to test *“a preconceived hypothesis on a large sample”* (Smith, 2003:2) in order to generalise results in support of a truth about experience (Parker, 1994; Willig, 2001); the choice of qualitative approach was conceived from its richness in allowing new insights to be discovered from participants. It tells one story among many that could be told about the data. It treats context as important in that it appreciates that knowledge comes

from participants who inhabit/exist within specific contexts. This is in contrast to the quantitative ideal of being able to collect “uncontaminated data/knowledge”, with all biases removed, where qualitative research recognises that biases do exist and incorporates them into the analysis (Braune and Clarke, 2013). Qualitative research cannot be generalised beyond the studied participants nor can it be reproduced or generalised to all populations with a shared or similar experience, but in contrast, attempts to *“try and understand a small number of participants’ own frames of reference or view of the world”* (Smith, 2003:2). This study aims to contribute to the body of knowledge in Malawi regarding the ECs’ experiences, and findings will not be generalised beyond the study participants.

Additionally, the difference between quantitative and qualitative research is the focus on objectivity and subjectivity respectively. Quantitative research endeavours to yield objective findings from controlled experiments and from the dimension of *“confounding variables that could affect the ‘validity’ of the research such as attempting to avoid demand characteristics and experimenter effects and to try to maintain ecological validity”* (Parker, 1994). This rigidity would not have been appropriate to this study, as it aimed at a deeper exploration of lived experience in order to capture and understand the individual’s current and potential world, as exactly as possible, with all its subjective meanings and feelings. Qualitative method embraces subjectivity by doing reflexive practice (Parker, 1994; Elliott, Fischer & Rennie, 1999). The way this was achieved during the study is explained later in the chapter.

Qualitative research is more ‘natural’ because, rather than trying to do research in an entirely regulated environment created by the researcher, it recognises and deals with the impact that research will have on the participants, researchers and the overall findings (Parker, 1994). The research process becomes more flexible, with the less restrictive structure of qualitative data evidence procedures also evolving in response to emerging realities encountered in the field (Creswell, 1994). Bryman (2004) points out that qualitative methodology has the potential to get thick descriptions of the social life under investigation, which is achieved through the interactive nature of qualitative data collection tools (Maxwell, 2005; Bryman, 2004; Berg, 2001). Mason (2002) alludes to this fact in saying that the qualitative approach has the ability to explore a broad range of issues in relation to the social world and

social phenomenon. It has the ability to establish multiple truths and perspectives and provide insight into why it is important to understand the existence of such variety. Thus, while quantitative researchers seeks to establish a 'single truth', causal determination, prediction, and generalization of findings, qualitative researchers seek instead varied versions of many 'truths', illumination, understanding, and extrapolation to similar situations. Qualitative analysis results in a different type of knowledge than does quantitative inquiry (Strauss &Corbin, 1990). Qualitative methods are appropriate in situations where the researcher has determined that quantitative measures cannot adequately describe or interpret a situation. Research problems tend to be framed as open-ended questions that will support discovery of new information. So, to carry out an investigation like this one through the use of quantitative methods would not have been practically or ethically justifiable.

4.2.3.2 Criticisms levelled against Qualitative study

Various traditional researchers acquainted with positivist research have tried to evaluate qualitative research based on concepts of reliability, validity and the ability for research to be generalised (Smith, 2003; Willig, 2001). Qualitative research is subjective in nature, so everything must be transparent and made explicit for results to be reliable. However, if properly conducted, qualitative design is a powerful approach that can open new areas and stimulate further research on a larger scale. Smith (2003) argues that the "*quality of qualitative research*" necessitates its own assessment and that consideration has to be given to the aims of the study. Where quantitative research is evaluated on its ability to be reproduced in future studies, qualitative research should be evaluated on its ability to precisely interpret and highlight the experiences and observations of those living the experience. So, as opposed to assessing the quality of research based on its 'reliability' and 'validity', a qualitative researcher will aim for research which maximises 'sensitivity' and 'rigour' (Yardley, 2002 cited in Smith 2003). Sensitivity refers to the means by which the research is responsive to the perspective of the phenomenon being studied. This entails being sensitive to the data by making sure that real examples from the data are supplied, in addition to the interpretations, in order to 'position' the findings in participants' accounts (Elliot et al., 1999). This study also presents some of the findings in first person to let the voices of the study participants speak.

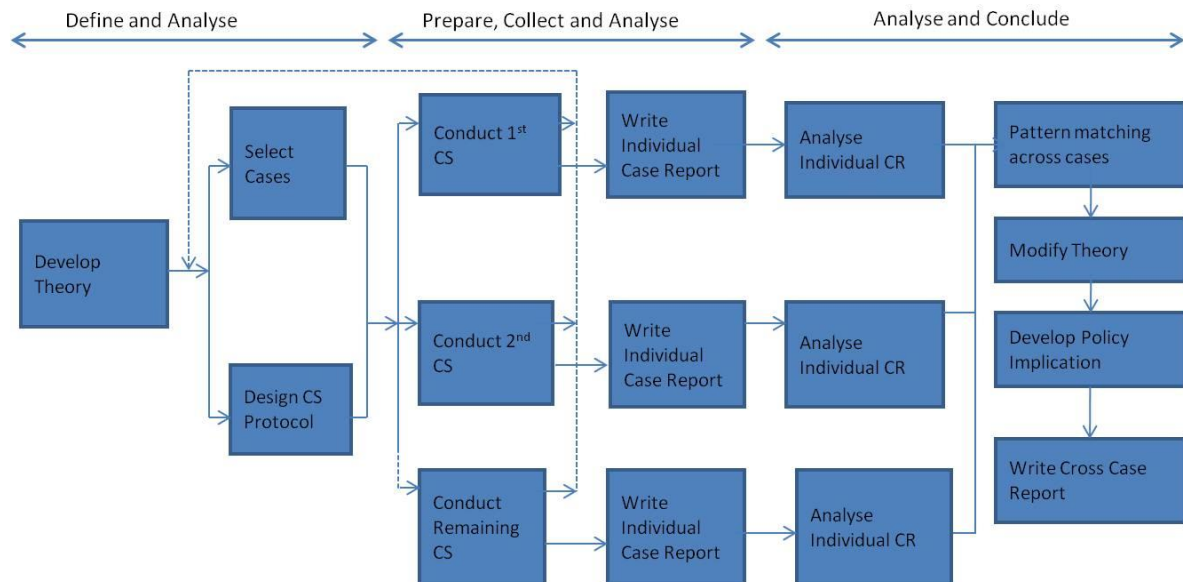
Elliott et al. (1999) highlights the importance of study findings, as far as possible, being presented in a manner that 'resonates' with "readers" as an exact account of participants' experiences. In addition, readers ought to be provided with adequate detail about participants and their situations (Elliott et al., 1999). Smith (2003) cautions qualitative researchers to demonstrate 'commitment, rigour, transparency and coherence' by carrying out their research, analysis and write-up in a systematic manner which presents a step by step description of the entire study process which the researcher followed. While Elliott and others propose presenting findings as "*a data-based story/narrative*" to ensure coherence, and that this can be considered a step in the data analysis process (Elliot et al. 1999:223; Braun & Clarke, 2006). The present study employed Case Study Design data collection using six multiple sources of evidence to examine phenomenon from multiple viewpoints (a variety of participant groups), to triangulate data findings and CSD data analysis protocol. Triangulation is a process that helps to guarantee rigour (Tindall, 1994). According to Cronin (2014), the triangulation of data sources enhances reliability; increases construct validity and strengthen evidence. It has two objectives – confirmation and completeness of data which forms the key strength of this approach. Begley (1996) argued that researchers need to be certain why they select triangulation as a method and be able to supply evidence of how they used it. In this study, how the various data sources were used has been explained in section *4.1.5 under data collection tools*.

Apart from that, the study used two different sites for the purposes of environmental triangulation in Traditional Authorities Kadewere and Ntchemma.

Rigour can also be audited through reflexivity for the quality of a study (Elliott et al., 1999; Parker, 1994; Tindall, 1994; Willig, 2001) and can be thought of as addressing issues of both rigour and sensitivity. This is a means by which a researcher recognises their own subjectiveness, and the subjectiveness of the study participants. This rapport between the researched and the researcher shapes the research (Finlay, 2003a). Each and every qualitative approach embraces a certain amount of reflexivity; however, each one may vary in degree. Reflections on how this study dealt with issues of reflexivity are presented in Section 4.5.8 below.

4.2.4 Case Study Design (CSD)

Figure 4-2: Case study design



Adopted from Yin, 1994, p57

Defining case study design (CSD) (See Figure 4.2) remains a challenge because a case study²² can constitute a design and research method. A CSD focuses on specific circumstances, providing a description of individual or multiple cases. Case study research is a method with strong philosophical underpinnings which provides a framework for exploratory research in real-life settings (Yin 2009). According to Denzin & Lincoln (2000) and Yin (2009) the case study approach (CSA) is defined by

22. The expressions 'case study', 'case study method' and 'case method' often appears to be used interchangeably in the literature, which can sometimes cause confusion (Hamel et al., 1993; Yin, 2009).

an interest in individual cases, events, and experiences and not by specific methods of inquiry. Kumar (2005:113 in Yin, 2009) defines a case study as:

“studying a social phenomenon through a thorough analysis of an individual case. The case may be a person, group, episode, experience, community or any other unit of social life.”

This exposure was coupled with the Yin (2014) guide to conducting CR which informed the study. In using this design, the researcher can explore ‘everything’ in that situation, be it individuals, groups, activities or a specific phenomenon (Taylor, 2013). Regardless of the unit of analysis, a CSD seeks to describe that unit in depth, in context and holistically (Yin, 2003). In this study the ‘units’ that were studied are the ECs of OVCs. CSD does not have any methodological alignment or standard method of design; although the trend has been to align them closely to the qualitative tradition (Bryman, 2004; Patton, 1987; Blaikie, 2006; Hamersley, 2010). CSD allows for the exploration of complexity through the use of multiple data sources (Yin, 2009). It is situated in the real-life setting, and appropriate for studies that require the experiences of a group of interest to the research, where phenomena are complex and based in contextual realities (Taylor, 2013). It can generate robust description which can enable others to make judgements about the relevance of findings to their own situation (Yin, 2003; Taylor, 2013). Apart from that, its closeness to real-life situations and the wealth of details it provides was important for the development of insights into the lived reality of the ECs (Flyvbjerg, 2004). A distinguishing feature of CSR is that, although the number of cases may be small, or even one, the number of variables involved is large (Burns and Groves, 1997; Yin, 2009). Eisenhardt (1989) described the process as highly iterative and tightly linked to the data collected. In CSR, the development of a rigorous data collection protocol is thus very important. Yin (2009) recommended the use of a case study protocol as part of a carefully designed research project. The protocol is a major way of increasing the reliability of CSR and is intended to guide the investigator (Yin, 2009). The researcher adopted the recommended CS protocol (See Table 4.1 below)

Table 4.1: Case Study Research Protocol

Step 1	Overview of the Case Study- Case study questions, hypothesis and proposition and propositions, Theoretical framework for the CS and role of CS protocol
Step 2	Field Procedures, Data collection plans, roles of people to be interviewed, access to sites, expected preparations prior to field/cases
Step 3	Specific questions the Investigator must keep in mind to ask- those which will aid answering Research Questions. Investigator to accommodate any rival descriptions and findings
Step 4	Data Collection and guide for the Report (outline, format for the narrative audience)

Adapted from Yin, 2009; 2014

Types of Case studies

According to Yin (2009) there are three types of case study research: descriptive, explanatory and exploratory. *Descriptive case studies* present a broad account of the phenomenon under study without exploring it in relation to existing theoretical formulations. *Explanatory CS* goes further than a narrative or descriptive account of the existing phenomena within its context. It aims to explain how events occurred and, based on the cause-effect relationship, use explanatory concepts in order to understand the observed practices (Tellis, 1997). Explanatory CS tries to create theories which enable researchers to provide convincing explanations of the phenomena under study (Yin, 2004). *Exploratory case studies* endeavour to find out the attributes of a phenomenon, to investigate the reasons for particular practices, and to develop the researcher's sensitivity in raising questions and creating hypotheses about the circumstances of the phenomena concerned. This study is an exploratory case study which is exploring ECs in terms of how they found themselves in the role of caring for OVC, their caring experiences and how their life has been transformed since they took over the role of care giver. Several reasons enabled the researcher to choose this case study approach, some of which are outlined below.

Justifications for doing Case study method for this study

This study aimed to rigorously analyse the day-to-day practical experiences of the elderly carers as they provided care for OVC. For information on the phenomena to

be valid, it was necessary to identify information-rich participants who were undertaking the role of caring for OVCs. Case study method, according to Gummesson (1991) cited in Baharein and Boon (2008), gives a holistic analysis of a phenomena or series of experiences and provides a well-rounded picture, especially through the use of multiple sources of evidence which the method employs. The insights of ECs and their own constructions of meaning would best answer the research questions (Easterby et al., 1991).

Case study allows a holistic and in-depth investigation to be undertaken. Stake (1995) highlights that case studies are designed to reveal details from the viewpoint of the participants by using multiple data sources. The overlapping of data collection and analysis not only assists the process but gives the researcher some flexibility in making adjustments to data collection in the tools, or to take advantage of opportune instances if the situations present themselves (Tailor, 2013). Such modifications are justifiable in research that builds theory, because researchers are trying to comprehend each case in depth while, at the same time, remaining transparent in order to maintain rigour (Yin, 2009). Baharein and Noor (2008) point out that CS are important when the researcher wants to be able to probe and understand a particular problem or phenomena in great depth where information rich cases are identified.

Criticism levelled against Case study approach

CSD has been criticised in relation to the trustworthiness of the research findings, with critics saying they cannot be generalised beyond a single case because they lack scientific rigour and provide subjective conclusions (Gerrings, 2003) which can function in the same way as experiments, namely to establish the limits of generalisability. Gerrings points out an additional weakness in the generalisability of study findings, in that researchers who employ it tend to pay less attention to individual differences as they look at how a society constructs the meaning of particular phenomena, thus missing out on anything substantive and specific about particular individuals (Smith, 2004). Yin (1984 cited in Tellis, 1997) argues that the difference between analytic generalisation and statistical generalisation is that in analytic generalisation existing theory can be used as a guide against which to evaluate the empirical results of the case study. How the researcher selects the

cases is important to reflect information richness of the case/s and the ability to also generate unique differences in individual accounts which should not be missed.

This study analysed individual case reports and thereafter compared themes across cases. Where emerging themes disagreed with theory, the study modified theory. Transferability of insights obtained from the case study is strength of the design and offsets the non-generalizability of study findings beyond the cases studied. Transferability concerns the extent to which the results from one study are relevant to other contexts. What one learns from the case studies is not limited to specific cases studied, as the idea is to be reflective about other settings where the findings might be relevant (Lincoln & Guba 1985). Apart from that, Stake (1995 cited in Tellis, 1997) argues for another method of generalisation based on a more “*intuitive, empirically-grounded generalisation*” which he called “*naturalistic generalisation*”. His argument is based on the “*harmonious*” connection between the readers’ prior knowledge and the case study itself. He highlights that the data produced from case studies would often *resonate experientially* with a wide cross section of readers, thereby assisting in a better understanding of the phenomena (Stake, 1984 cited in Tellis, 1997:2). This understanding helped in analysing the data, especially that which was common across cases. Apart from that, the shared experiences for the entire population sample was compared to experiences revealed in similar studies conducted elsewhere using data analysis methods such as grounded theory, and/or discourse analysis (Smith, 2004).

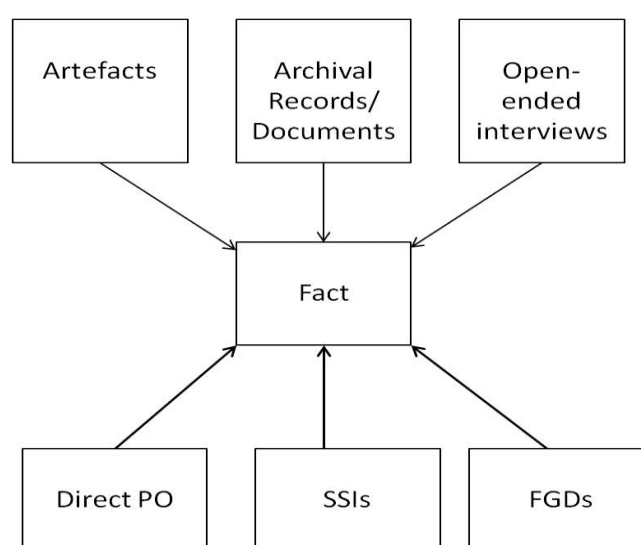
In this CSD, I used multiple case studies (studying the young old, the old and the very old) as highlighted in Chapter one to allow for the exploration of various cases’ experiences that would represent the ECs of various age categories in relation to one another in order to develop a conceptual insight that accounts for them all (Bromley, 1986 and Yin, 1994 in Willig, 2004). The use of multiple cases (10) allows for a more convincing and accurate case study as one of the strategies used to ensure rigour. The prolonged engagement, persistent observation and triangulation, obtained a thick description of the phenomena under investigation (Taylor, 2013). Yin argues that we need to distinguish between *analytic generalisability* and *statistical generalisability*. He suggests that,

“the case study”, like the experiment, does not represent a “sample”, and the investigators’ goal is to expand and generalise theories (analytical generalization) and not to enumerate frequencies (statistical generalisation) (Yin, 1994 in Willig, 2001:86).

4.2.5 Data collection Tools

According to Yin (2009) there are six main sources of evidence in CSD that can be used to collect data from multiple sources, as highlighted in Figure 4.3 below. CSR is recognised as a ‘triangulated’ research strategy (Feagin et al., 1991). Denzin (1989) described triangulation as “the blending of methodologies in the research of the same phenomenon” – it is the amalgamation of two or more theoretical perspectives, methodological approaches, data sources, investigators or data analysis methods. Denzin (1989) outlined three outcomes of triangulation: convergence, inconsistency and contradiction which are discussed later in the data analysis section. Regardless of the outcomes, the researcher was able to build good descriptions of the observed social phenomena and interviews. This study employed these six methods to obtain information that would address the research questions. Each of the methods had its own specific benefits and demonstrated diverse aspects of the topic under investigation.

Figure 4-3: Six sources of information



Adopted from Yin, 2009:117

4.2.6 Data Collection Methods used in the study

Documentation analysis

The researcher reviewed relevant literature at the University of Malawi Centre for Social Research, a repository of importance for the study as it provided background information on the political and legal context of kinship orphan care. Also at this centre were reports on previous research carried out in Malawi that was not available on-line or in journals, and organisations evaluation reports from social protection and cash transfer programme in Malawi and previous research documents conducted in Malawi regarding orphans, HIV/AIDS and its impact on various population groups and on livelihoods

The researcher also reviewed relevant annual reports from various organisations working in the district, OVC registers (see annexure 6) that were kept in the District Social welfare office, as well as the District Socio-economic profile. This was important to complement as well as to compensate for the limitations of other methods. This review provided a theoretical picture of health and social research issues in Malawi. According to Yin (1993), documentary evidence acts to cross-validate information collected from interview and observation, as what people share may sometimes differ from what people do. Moreover, documents provide a theoretic framework to direct the researcher with their inquiry during the interview process. OVC registers provided a platform for sampling typical cases (participants) according to the sampling frame, but also helped to identify who could participate in the pilot and Elderly FGs.

Archival records

Official and unofficial documents of orphans in the study area as well as the elderly's access to health centres and hospitals were of paramount importance in generating information that would either agree with or argue with findings from other similar studies in other countries. The researcher sought approval for a review of archival records in the Health Centre within the community to have a general picture of the elderly carers' health seeking behaviour. Records of the OVCs cared for by the ECs were also reviewed. These were significant to the study in corroborating results with those of similar studies conducted elsewhere regarding OVCs in EHHs, all of which

helped in building up theory. The researcher reviewed and analysed these documents, the basis of which informed the literature review, research findings and aided data analysis, adding to the richness and reliability of the study findings.

Participant Observation (PO)

Participant Observation (PO) is a special data collection method in which the researcher is a participant observer, assuming the different roles the case is involved in but employing vision as a medium of data collection (Sarantakos, 1998). Observation is open to all observable social phenomenon (Ibid) which, in this study, included intra and inter-household relations, behaviour of the OVCs in the elderly's care, the elderly's actions and body language. Gillman (2000) points out that there is a common discrepancy between what people say about them and what they actually *do*; in an interview people can be quite convincing and sincere...they are not lying, it is just that they are not accurate. The researcher observed phenomenon of interest in the environment studied, specifically:

- The physical setting, the environment and context in which the caring role takes place,
- The time the elderly are allocating to care and rest,
- Interaction between and among various household members and inter household relationships
- How the elderly carers are managing and if they are able to attend to community activities as well,
- How they obtain food and their eating habits.
- Attitudes and behaviour; the households' relationship with neighbours and the wider community to draw information which was not obtainable from other methods.

What had been observed by the researcher was written down, describing the findings from the points listed above.

The observation was both structured and unstructured, capturing both non-verbal and progressive changes in participants' definitions and emotions as they engaged in their day-to-day life activities. This observation took place for 6 days, 5 days and 3

days depending on the variations of activities and new insights observed, from 6am to 6pm, for each of the 10 cases, over a 12 week period, from April to mid-July. The researcher realised that, as PO progressed, participants were more relaxed, acted more naturally, were friendlier, and were more freely open to telling their story, which provided immense insights into the phenomenon under study.

PO added new dimensions for understanding the context and phenomenon being investigated. It also offered an opportunity to take photographs, with the consent of study participants, which conveyed important case characteristics. Apart from that, through PO, the informal visits by neighbours and informal support (by way of gifts) were observed, which gave the researcher the opportunity to comprehend reality from the view point of someone inside the case rather than externally (Silverman 2005). It was clearly not possible for the researcher to totally relate to the elderly carers' material hardship or emotional and psychological anxiety. Nevertheless, the dilemma of the insider/outsider employed by the researcher, as she immersed herself in the case participants' everyday life, helped to obtain deeper insight by building a personal relationship with the EC. Without this, the researcher may not have comprehended the demands, obstacles, and contingencies faced by the elderly ECs, making PO a very powerful tool for obtaining a clear picture of the perceptions, intentions and motivations underlying the carers' accounts and actions. However, this insider/outsider role required a constant awareness/reflexive stance of being both a participant observer and an interpreter and analyst of events. However, this emotional experience did not affect the way questions were asked, and where it was not possible to sympathise, the researcher withdrew and postponed interviews to a later date.

Cassel and Simon (2004) say that PO allows you to immerse yourself within a distinctive culture and social setting in order to study, first-hand, the actions and experiences of research participants. Through this method, the researcher was also able to uncover consistencies as well as discrepancies in information provided by participants through unstructured interviews and what actually does happen, something that could have been missed if the researcher had confined the study to interviews only (Burns, 2000).

Informal Interviews

Unstructured in-depth interviews were aimed at pursuing a consistent line of inquiry, for example: why some things are being done in a certain way. In-depth interviews were done throughout the period of PO where, at the end of each day, the researcher would ask questions on observable behaviours in order to seek clarifications of insights, explanations and meanings, designed to help answer certain research questions. According to Yin, (2009) PO also involves informal conversations/ interviews. This gave an opportunity to probe for clarification on observable behaviours of the ten study participants and, in so doing, increased the depth of insight into the phenomena under investigation (Creswell 2003). With two exceptions, interviews were tape-recorded in order to secure an accurate account of the conversations and to avoid loss of data. This was because not everything could be written down during an interview. In the last two interviews the researcher experienced a technical failure in the recording equipment. Every interview was started with the participant introducing themselves and their village. On conclusion, the principle investigator thanked the named participant for having agreed to participate in the study, which was done in order to mark the beginning and end of the interview and to sign post whose interview it had been to avoid later confusion. In-depth interviews helped to shed more light on certain aspects which could have been missed if the researcher only used SSIs.

Semi- Structured Interviews (SSIs) see annexure 1.

The researcher conducted semi-structured in-depth interviews (SSIs) using various question guides that were developed to cover the areas in the research questions. The question guides were developed in relation to key concepts in the SLF and also included other relevant aspects deemed to be relevant to the study.

The 10 Elderly Cases

- 3 Community Key Informants (KIs) Interviews
- Interview guides government staff both Local and Central Government staff, (Ministry of Elderly and People with Disabilities (ME&PD), Ministry of Economic Planning and Development, Ministry of Community Development

and Social Welfare, National HIV/AIDS Coordinator, Teachers and Health Centre personnel

- Interview guide for NGOs both Local and International (Elderly Association of Malawi (EAM); Bingu Silver-grey Head Foundation (BSGF); Save the Children Fund SCF
- Focus Group Interview guide- ADC FGD, ECs FGD; CAVWOC organisations involved in projects with the elderly,
- Interview Guide for Churches

These SSIs took different paths which helped to explore different thoughts and feelings of the interviewees. However, the SSIs helped to maintain the line of inquiry and were instrumental to bring back research participants to the subject under investigation to explore those aspects of the research problem. The SSIs assisted to triangulate corroborated evidence and also, in a few instances, to contradict evidence. SSIs were also conducted with organisations working directly or indirectly with EHH. Similarly, these interviews provided the researcher with the opportunity to gain additional comparable data across a variety of audiences, which helped to enrich the data. Questions were memorised and, according to Yin's recommendation (2000:110), asked in an unbiased manner to adhere to the line of enquiry of providing the researcher with the opportunity to ask questions which, because of the artificial nature of the interview setting, would not normally come out in everyday conversation. Questions raised were related to aspects of the study including the support from family, community, church, government and NGOs for the elderly in the area, as well as to policies that are in place that are directed toward the ECs. Obtaining this information was important, especially as this study plans to propose different care strategies to support the ECs in Malawi. SSIs helped to discuss topics which could not have been possible in day-to-day ordinary conversation. All this evidence was converged to build up case study reports for particular cases

Focus Group Discussions (FGDs)

This study conducted three Focus Groups, with the ADC Committee, the ECs not included in the main study, and the CAVWOC committee. The ADC and CAVWOC are existing groups while the ECs were drawn from a list of OVC registers to

strengthen evidence from 10 ECs individual in-depth interviews. FGDs were used to capitalise on group interaction and obtain data on the caring role of the elderly. The method of combining FGD participants was guided by Hemmersley and Atkinson (1995) who point out that, in order to avoid conflict and repression of views of certain individuals, FGDs should not be too heterogeneous. A very diverse range of people may be a good way of exploring a wide range of views on a topic, but it can also be challenging, as a range of views and experiences may be so disparate and dissimilar that no aspect of the topic can be explored in depth, this was the reason why the researcher used existing groups and the ECs one for women with similar experiences of caring for OVCs. The FGD interviews aimed to corroborate other facts that the researcher had established from POs, SSIs, and documentary evidence. However, the researcher was cautious not to ask any new questions or leading questions, otherwise the purpose of corroborating findings would not have been effective (Yin, 2000). This was also in line with reflexivity. The role of the researcher was that of moderator, to promote and guide interviews, to obtain the views of each person within the larger group. The researcher used FGDs to answer the open ended questions, to observe group dynamics, the variation of views, and to note the questions that participants asked each other as they debated issues. All these views were recorded and considered within the research findings and data analysis. Through FGDs participants are encouraged to talk to each other, to ask each other questions, exchange anecdotes and to comment on each other's experiences. They are also used to examine, not only what people think, but how they think and why they think in that particular way (Kitzinger, 1995). The FGs also helped group members to learn how they could overcome some of the challenges they face by listening to how their peers were able to deal with OVCs with challenging behaviour. Three FGs were formed:

- The Area Development Committee (ADC): a committee that oversees all development activities taking place in the area. In the committee are representatives of health, education, water, forestry, agriculture, OVC and security activities. It was important that the researcher interview this committee who it was anticipated would have a thorough knowledge about the area under study and the support the community provide to EHHs.

- The researcher also had a FG of various elderly carers, not included in the PO sample, to gain a wider view of the phenomena under study and, at the same time, to compensate for the small sample of EHHs selected as cases.
- The third FGD was the Women Child Protection Committee, a committee which oversees all reports on abuse of the elderly such as witchcraft accusations, land grabbing, and channels them through appropriate authorities. The objective of interviewing them was to gain an understanding of incidences of elderly abuse, property grabbing, due to alleged witchcraft claims involving the elderly in the district. This FGD also uncovered the community response to attempt to curb it.

Artefacts

The researcher was able to observe the elderly's housing structure, physical environment where their caring role takes place, trees, water points, health centres, markets, presence of livestock, clothes and beddings. Physical evidence, such as the household structure where the elderly and the OVCs reside, how they live (whether apart or sharing the same household), social amenities, distances to public centres, water points, forests and other physical buildings, assets such as livestock and production capital such as farm equipment etc. were also observed. The objective was to correlate data with interviews. A few participants continued to suggest that they were only custodians of the observed livestock and that they belonged to a relative who lived in town. It was also possible to wealth rank the elderly households through this method. Apart from this, the method also helped to provide insight into the elderly caring role and the services that are within their reach. It also revealed the congestion that exists in most of the EHH as a result of housing OVCs, the lack of bedding and clothes, the environment, and the utensils they are using, all of which provided valuable information about the EHHs.

4.3 The Research Process

4.3.1 The research site:

Chiradzuru district is located in rural Southern Malawi (See Map 2.1). The district is located approximately 25 km to the north east of Blantyre city. It is bordered by four

districts, namely; Phalombe to the North East, Thyolo to the south, Blantyre to the South West and Zomba to the North. The main economic activities in the district are small- holder agriculture, small- scale business; most of the agriculture produce is sold in Blantyre. The district supplies most of the vegetables in Blantyre district residents. The proximity to major commercial locations of Limbe and Blantyre city has contributed to a fairly high level of short and long term labour-related migration. There are a number of social services such as education and health; however access to these services is below national and international standards due to inadequacy of infrastructure - roads and transport to get to hospitals and health centres and health centre personnel (CZ District Development plan 2009-2011). The district has the highest population density which is over and above the national population density -379 per square kilometres compared to the regional and national population density of 185 and 139sq. kilometres respectively, and ranks the second highest populated district in Malawi. Chiradzuru district has high HIV/AIDS prevalence rates of 15.1% which are attributed to cultural practices, to polygamy, and commercial sex workers the district supplies to the city of Blantyre. It suffers high maternal and under five mortality rates due to poor and delayed health seeking and poor access to health centres and hospitals and a high incidence of communicable diseases. The district has two hospitals, with full essential health care a government hospital and a Roman Catholic paying hospital (Nguludi hospital) and eleven health centres. (Chiradzuru District development plan, 2009-2011). It has a high number of OVCs, low income levels at household level, poor access and quality of education, high crime and human rights violation. The district has suffered increased environmental degradation which contributes severely to low food production, food insecurity and low income at household level (2011-2012 Annual Report Scottish executive CZ Sustainable livelihoods project; Chiradzuru District development plan, 2009-2011). As a result of food insecurity and low income levels the district experiences high child labour; only 266 out of 71,560 households have access to means of production. The district has lacks lending institutions to promote small scale business. Land productivity is very minimal, most farmers produce food to last them on average 3 months. The district is traditionally well defined as

matrilineal kinship organised and governed in clans or extended families called “*Banja*”²³. The major occupation in Chiradzuru is subsistence farming. Most of the families live on land owned by families for many years with members of the extended family sharing a compound.

4.3.2 Research Team

With help from the University of Malawi – Chancellor College and Centre for Social Research (CSR), the researcher recruited a Research Assistant (RA) Mr Godfrey Chimenya, a graduate of the University of Malawi who had experience in research with both the University of Malawi –Chancellor College and CSR. Godfrey had experience as a RA for two previous PhD researchers and one Industrial researcher with the Centre for Social Research. Godfrey was proficient in both Yao²⁴ and Chichewa²⁵. Field work was carried out by a research team comprised of researcher (the lead investigator) and Godfrey (the RA). Godfrey was trained, for a week prior to starting field work, to familiarise him with the study and study tools, the tape recorder and camera for field data collection. The role of the lead investigator was the day-to-day planning for the research, carrying out interviews, lead POs, review notes and tape recordings, and to identify gaps and map out revisits. The RAs’ responsibility was to time interviews, sometimes to clarify meanings of questions, manage tape recordings and typing interview notes and transcripts. Originally, the lead investigator had planned that the research team would reside within the community, where consent would be given, in order to observe both day and night time experiences through PO. However, at entry meetings, when the subject was brought to the attention of the community (to feel free to accept or decline and not feel obligated to do without this affecting their participation), seven of the ten Cases for the main study indicated that they had no adequate space to accommodate the research team. One male case opted to only accommodate the RA, and two cases felt able to accommodate the lead investigator.

23. Banja singular, mabanja plural to mean clan or extended family

24. One of the local languages spoken in the district

25. A common language spoken in Malawi

Godfrey, the research assistant, spent 6 days with Case No. 007 (Mr Chime). ²⁶The lead investigator was able to stay and observe at Case No.002 (Gogo Mercy) and Case no.005 (Gogo Rosie) respectively, for a period of five to six days. The total planned time to observe was six days; however, a neighbour of Gogo Mercy had lost a son-in-law, a few villages away, so she had to attend the funeral for three days and nights, paying vigil at the neighbours' house until a day after burial, as is normally the custom in this area. PO resumed thereafter, but this time the lead researcher commuted from Blantyre (30 km away from the study site), which was the base where transcription, typing and planning was done.

4.3.3 My Relationship with Research Communities

For many households and community members, the presence of the researcher in the community was a precursor to an orphans community development project, and orphans assistance as such. When the researcher conducted initial community entry meeting, to introduce the study and its purpose, the immediate response from the community leadership was that the problem was so immense in the community that the researcher just had to make sure to visit and interview all households caring for orphans. One of the community leaders asked the researcher that, after the study was completed, the community should see changes that signified that the study would bring in projects that would transform households caring for OVC. This was clarified at the onset that the study was purely academic; but that the results will be passed on to government to aid in development planning if the participants consented to it. The researcher explained to the community, through this meeting, that identification of clients was through OVC registers obtained from the District Social Welfare Office (DSWO). The DSWO has field staff that work with the village headmen to collect this information. Village headmen, from time to time, compile these registers as deaths occur in their village and they pass it on to the DSWOs who, in turn, compile Group Village level and district OVC registers. This initiative is funded by UNICEF, through the government of Malawi, in their response to OVC. At our meeting, the DSW Officer pointed to Traditional Authorities who had high numbers of OVC.

25. Pseudo name

4.3.4 Sampling process

According to Yin (2003) and Denzin and Lincoln (2000), sampling in CSD is of critical importance and strongly affects the findings of a CSD. In case study method, a purposive sampling technique is the preferred sampling strategy when sampling information-rich cases which can be studied in depth (Patton, 1990; Guba and Lincoln, 1998). Godfrey and I had a meeting with the DSWO and his team, where this study was introduced and where we asked them for information regarding elderly caring for OVCs in the district. In Malawi, most of the DSWOs have registers which record OVCs and their guardians, as well as those without guardians. They consolidate OVC information from every Group Village Headman (GVH) and from the Traditional Authority (TA) in the district. This data is stored for district OVC planning interventions but is also used, more generally, to monitor the orphan crisis in the district. This data bank made the sampling process attainable, as it provided all the demographic information for the OVCs and their guardians, as well as their age.

For this study, information rich cases were purposively sampled from a list of EHHs caring for OVCs. From the list, the researcher identified fifteen Elderly Households, five for a pilot study, and ten for the main study. Of the five, three were for a FGD for the elderly carers and two were for SSI question guide testing. In the sampling process, I used the sampling criteria (see box 3 below) which was compiled following my literature review insights, anecdotal evidence regarding the elderly and elderly male carers, and the objectives of the study.

The DSWO gave the researcher OVC registers which contained the OVC names, their age and their guardians, the guardians' age and the village they reside in, as well as their relationship to the carer, the age of the carer, age of the OVCs, education level of the OVCs, elderly cases of varying age ranges and the varying numbers of OVC they were caring for - variables which we reviewed for two days, following the sampling frame highlighted in the *box 3.1 below*.

The aim of the above purposive sampling was to obtain diversity of experiences from different age categories of ECs. The sampling process was left open, as it was not possible to only rely on DSWO OVC registers to identify those cases that had support from family members. Qualitative methodology is iterative, and Creswell (2009) points out that the actual number of cases is subject to adjustment in

response to the nature of the information collected, and when no more new information is emerging (data saturation) the number of cases can be reduced. Two cases were snowballed by 3 community key informants. The first case was that of a female EC who had just lost her daughter and been left with five OVCs to care for, but who had not yet been entered into the DSW register, because she had very young OVC which significantly impacted on her livelihood. The second case was that of a single male EC who could not be easily identified through the registers. This made for a total of ten cases forming the main part of the study. After sampling was done, the DSO field team helped us to organise initial entry meetings in the respective villages we were going to conduct the study.

Box 3.1: Study cases identification criteria

In line with the requirements for reliability and validity of the research findings, and based on the literature review, the respondents for the study were chosen principally from a sampling frame of ECs of OVCs. The researcher selected cases that met at least one of the following criteria:

- Sex of elderly carer (at least two male carers were to be selected) –The study planned to sample two single elderly male carers. However, it was not possible to find two single male carers, as most male carers remarried after the death of their spouses. Only one case was identified.
- Age of the elderly carers – at least one between 50-60 years, at least one aged between 60-70 years; at least one aged between 70-80 years; at least one aged between 80- 90+ years
- Number of OVCs in a Household – at least one household with three or more OVCs planned-
 - Age of the OVCs – at least one household with OVCs as young as 3-5 years old and (1) with OVCs 12-16 years olds
 - Those with internal or external support in the form of remittances (one elderly household) and those without any internal or external remittances (one household).

4.3.5 Community entry meetings

The first meeting was in Traditional Authority (TA) Kadewere, where we met with eleven village headmen and the TA Kadewere himself. This was done after the main sampling process was done, which also guided the researcher on which villages to invite for community entry meetings. The objective of the meeting was to introduce myself as a student researcher and the RA and to describe the purpose of the study. At this meeting the researcher made it clear to the community leadership that the study was in partial fulfilment of the principle researchers' degree. Bailey (1996) points out that, honesty, coupled with confidentiality, reduces suspicion and promotes sincere unexaggerated responses. Despite this, my study drew a lot of expectations from both the leadership and community members. It took the DS officer, who accompanied us throughout the initial contacts, to explain to the community what the purpose of the study was and how different it was from the previous surveys that had taken place in the community for the purpose of bringing new projects. After this explanation, the Traditional Authority, the community's top-most leader on behalf of the entire community leadership, appreciated the honesty and welcomed the study. During the meeting community leaders started snowballing EHHs, by indicating households which the researcher should not overlook, highlighting that their problems are intense, as they said, "Please madam make sure you go to Abiti Jailosi and Abiti Saleri,²⁷ their cases are extreme, they have many orphans." The researcher also emphasised that, after the entire study was conducted, preliminary study findings will be presented to the community to verify the results, but also to give them the opportunity to add what they had forgotten during interviews. The researcher has experience conducting research in communities immersed in poverty and impacted with various socio-economic problems; however, being new to this community, there was a need to establish trust. At this meeting the research process was also shared with the community, including the need to conduct PO with some study participants.

27. Pseudo names

4.3.6 Piloting and Main Study phases

The study was conducted in two phases: namely, a pilot study and the main study. The question guide for SSIs and FGD were first drafted in English and later translated into “*Chichewa*”²⁸, which is a local language in the study area. These question guides, in “*Chichewa*”, were verified and corrected by a friend of the researcher named Aaron Tepu, a Chichewa language teacher, in order to ascertain if this was a correct translation and to avoid losing the intended or original meaning. After translation, the question guides were piloted through two SSI cases and one FGD. The interviews were conducted in “*Chichewa*”, and the interview proceedings were tape recorded, after permission had been requested and granted by the participants²⁹. The pilot study was conducted in the eastern side of Chiradzuru district and covered a total of five cases, two for SSIs and three for FGD. This phase was carried over a period of 5 days in total (from 20th March to 25th March, 2011), with the objective of testing the SSI question guide and the FGD open ended questions guide. This process was followed by refining the question guide and arranging for the second interview with the same participants as in the pilot study. During the second testing the research team was satisfied with the information sought, indicating that the questions were clearer this time than in the initial interviews. For a summary of the study interviews conducted in this study see Table 4.2 below:

28. Chichewa is the official local language spoken in Malawi. The Researcher is a Malawian who was born and lived in Malawi for 35 years and is able to speak and understand the language.

29. All participants agreed to being recorded.

Table 4.2: Summary of Study Interviews Conducted

Study phase	Number of cases	Individual cases using In-depth interviews, SSIs and POs	Number of FGDs
Pilot phase	5	2 SSIs	1 of 6 members
Main Study	43	10 Cases PO, 10 cases Informal Interviews & 13 SSIs, (3) SSIs with Key Informants, (6) SSIs with Government officers and (4) SSIs with Local NGO officers.	3 FGDs groups of 8, 6 and 6 = (20)

4.3.7 Case Recruitment

Cases were defined as elderly households caring for OVCs ranging in age from one year and above. These cases were identified from Chiradzuru OVC registers with over 150 HHs registered caring for OVC see *annexure 6*. I sampled households in 8 villages. Of these, 5 villages were in Traditional Authorities (TA) Kadewere and 3 villages were from TA Ntchema, apparently TA Kadewere had many OVC HHs compared with TA Ntchema at the time of study. For eligibility to qualify as cases, the elderly had to be:

- Aged between 50-90+ years
- Caring for single or double orphans and or vulnerable children
- Registered in the District OVC registers as head of household

4.3.8 Ethical Consideration

First ethical consideration was sought from Queen Margaret University to carry out this study in Malawi refer *annexure 2*. At any level this is done to protect the rights and well-being of research participants in communities. However, there was also a legal requirement to seek ethics approval from the National Research Council of Malawi (NRCM), who granted their approval as well refer *annexure 3*. I also sought consent from the District Commissioner, the Community leadership, and the case

participants after having explained to them the purpose of the study ,most of whom consented by signing consent forms refer *annexures 4 & 5*. In the course of conducting this study, I was aware that some of the issues under discussion might cause distress to case participants by prompting them to think back about the dead family members and the circumstances surrounding their deaths. Where this distress was detected, the researcher temporarily called off the interviews for the day and resumed after finding out from the study participant if it was alright to proceed with the interviews. This happened only in one case where a death of a parent of the OVCs just occurred three months before the study was conducted, which was prompted not by the study questions but rather by a child who was crying uncontrollably during PO.

4.4.8.1 Confidentiality and anonymity

All cases were assured of confidentiality of the information they had provided by the use of pseudo names to the insights shared to ensure anonymity. All the names in this study are pseudo names. All data that was digitally stored and handwritten notes have been carefully preserved in the student's lockable shelf and have been handed over to Research degrees data bank to safeguard the information.

4.4.8.2 Consent

Before carrying out the study, consent was obtained from EHH to participate in the study. Participants were told the objective of the study and the need to for observing them from morning to the time they retire to bed for a period of a week. It was pointed out that they were free to withdraw from the study anytime they felt like without fearing any consequences. Consent was also obtained to take pictures of study participants and use the pictures in the study report. After consenting, the cases were given forms to sign, for those who were able to write, and to print their finger, for those who could not write. Mention has to be made that in all cases no participant withdrew from the study. Study participants were given their copies of pictures taken. Nearly all of them appreciated the pictures as one put it:

“people come and take pictures of us but we do not get to see the pictures, this is good as my children will be left with a memory of a face of me when I die, I had no picture of myself,” Gogo Ulemu

4.3.9 Data Collection

PO lasted for six days each at seven households, five days each at two households, and for three days at the last single household, when the researcher perceived the pattern to be similar in all the three days with no more new information being obtained. FGD took between 60-90 minutes. Informal interviews sometimes lasted between 20-30 minutes, and SSIs, lasted between 30-45 minutes. Interview guides were designed to collect information to describe, the context of the children's and their family's life histories and the nature of relationship with the household head. This information was used to examine the structure and strength of kinship, marriage and the fostering decision and inheritance system and the social and political aspects in relation to each case to enable the study to link between these issues and HIV/AIDS. First section of the interview guides specifically collected information on:

- **First part household profile:** Respondents age, occupation, education, composition of household, ages, relationship with children,
- **Second part Relationship with the child,** history of children's families, occupation of deceased parents, residence of the deceased parents, inheritance.
- **Third part** looked at fostering decision
- **Fourth part** was the support from extended family network, community, church and government
- **Child adaptation in the new care environment**
- **The fifth part** was the elderly's experiences in their role of care

4.3.10 Practical and logistical challenges during fieldwork

Expectations for assistance

One of the challenges of carrying out a research study in a disadvantaged community with high poverty profiles is that most households look for every opportunity to get assistance to alleviate their poverty. Having sampled the cases (EHH) the researcher called for a community meeting with the objective of informing village headmen about the households that had been sampled for the study. The village headmen too started snow-balling other households and insisted that they too needed support. This was after initially introducing the study and explaining that this was an academic study, and not designed to generate the problems faced by households, with the objective of alleviating their problems, but to inform policy. Apart from that, at nearly every household visited, people asked for support indirectly while others sent me word to inform the government to help them, as their households were on the verge of collapsing. Other cases exaggerated the number of household members, in the hope of getting more support by doing so. Neighbouring households would also, from time to time, invite the researcher to their household so that they too could be interviewed and hopefully gain assistance at the end of interviews. The researcher provided a token of appreciation to the community by contributing to the Child feeding programme in addition to the token of appreciation given individually to sampled households.

4.3.11 Role of principle investigator and the Research Assistant

The research assistant was responsible for getting the consent forms signed and managing tape recordings while the researcher administered the questions. I began each interview by introducing myself and the objective of the meeting. I then asked the participant if they consented to being interviewed and observed. Once they had consented the RA would administer the consent forms, either by reading it out to the participant or letting them read and sign.

4.4 Data Analysis

Yin and Creswell highlight that there exist similarities in the way data is analysed in CSD and Phenomenological inquiries (Yin, 2009:57; 148-149; Creswell, 1988), (see Table 4.3 below). This study used a combination of some elements in phenomenological data analysis table 4.3 to get the essence of the study and CS

data analysis. Most theorists of CSD contend that analysis of case study evidence is one of the least developed research designs and that, because of that, it makes it a very demanding process to do analysis of CSD (Yin, 2009; Denzin and Lincoln, 2000).

Table 4.3: Similarities between Phenomenological studies and Case study data analysis

Data Analysis and representation	Phenomenology	Case study
Data Management	Create and organise files for data	Create and organise files for data
Reading and memoing	Read through the text and make margin notes, form initial codes	Read through text, and listen to audio tapes again and again make margin notes, form initial codes (units)
Describing	Describe the meaning of the experience for the researcher	Describe the case and its context (the experience)
Classifying	Find and list statements of meaning for individuals Group statements into meaning units	Establish patterns of categories (Interrelating/ Unique themes, descriptions and comparing with theory)
Interpreting	Develop textual description, (what happened") Develop a structural description, " how the phenomena was experienced Develop and overall description of the experience, the "essence"	Use direct interpretation of meaning of themes/ descriptions Develop naturalistic generalisations and write on findings from data analysed

Adapted from Creswell, 1988; 148-149; Yin, 2009:57

4.4.1 Case study data analysis with some elements of interpretative phenomenology

All but two individual interviews were digitally recorded with permission from the cases. The principle investigator was responsible for their transcription and translation after which, the transcribed interviews were checked by a bi-lingual³⁰ teacher. Yin (2009:129) points out that, due to the complexity of CS design, which

30. A high school teacher who speaks both English and Chichewa fluently

presents multifaceted events and behaviour happening within a perhaps more complex, real life context but also having data from a diverse array of case study evidence, computerised tools may not readily handle this varied array of evidence, unless this whole array of evidence is transformed into the necessary textual form. Creswell (2007) advocates an experiential approach that suggests learning by doing. I therefore created a procedure appropriate to my study in order to reduce the amount of data to manageable levels by creating a mind map guided largely by Yin's CS analysis in both Figures 4.2 and table 4.3.

4.4.2 Transcribing, Coding and Interpretation

Transcription is the transformation of raw data into a new form (Gibson and Brown (2009)). The transcription process in this thesis was informed by the research questions, the conceptual framework, the literature review, and the essence, which guided what to transcribe and how to transcribe it, in order to turn raw data into an intelligible write-up. To do this, I listened again and again to the audio tapes of each of the cases in order to become familiar with the general ideas and issues raised by participants; the general depth and overall credibility of the information. Where possible, when adequate information was not collected or when what the case was presenting was not clear, the researcher went back to re-interview the case to obtain more information. I made case notes for each of the cases interviewed and observed, by incorporating evidence from all the six relevant data collection sources. According to Yin (2009) case study analysis should show that it relied on all the relevant evidence. This meant going back and forth between case reports and digital records to ensure that the researcher understood the participants - accurately representing their insights. The first step was to create files for each case, where each compiled case transcript was saved. For the purpose of gaining experience in the transcription, translation and back-translation process of analysis for quality assurance, I did a full transcription (guided by the concepts below) and created a database for all the cases transcribed and translated. Similarly, I transcribed the handwritten notes for two SSIs which had not been digitally recorded because of system failure. I also converged and incorporated evidence from the different sources in order to come up with individual case reports. Where it was possible, I did transcribe recorded interviews, PO notes and field notes on the same day as the

interview. However, most days this was not possible because of power cuts and, as a result, some interviews took a day or two.

Because my study was conducted in Chichewa, the local language spoken by the inhabitants, I transcribed the interviews verbatim. I based my transcription and translation on a study on Translation and Back-translation in Qualitative Nursing Research by Chen and Boore (2010: 237), which followed the steps listed below:

- Transcribed and translated Chichewa audio-taped interviews for each individual case to Chichewa text (the principle researcher)
- Checked Chichewa translation for accuracy by bilingual Research Assistant
- Errors corrected
- Translated Chichewa texts to English (the principle researcher)
- Checked English translation for accuracy by 2nd bilingual teacher
- Errors corrected.
- Reviewed the final case transcripts.

4.4.3 Actual Manual Analysis for Case Studies

Data analysis for this study was based on studies that used Case study design (Cronin, 2014; Hanna, 2000; Eisenhardt, 1989) which adopted their data analysis recommended by Yin (1999; 2000; 2003). According to Cronin (2014) analysing within-case data is the heart of building theory from case studies, but it can be the most difficult part.

The researcher immersed herself in the data in each case report, detailing each case, and becoming closely familiar with each case, each incident and each observation made, to familiarise herself with the data. Initial data analysis was done manually in the field. This was a concurrent process, and enabled the researcher to analyse the data as it was fresh in the mind based on the records and transcripts. The transcripts were coded and summarised into 3 key matrices as follows:

1. One matrix was developed to store attributes or descriptive codes for each respondent including their age, sex, occupation, orphan-hood status, and relationship to the foster child (significant aspects of the case), also highlighting

and drawing conclusions for that case. This process was done to enable unique patterns of each case to appear to the researcher before these patterns were compared and then merged across cases. Each single case transcript produced relevant themes, and after going through each of them and back to the audio taped interviews, I came up with each of the case analyses and conclusions, according to Yin (2000), a case study uses the data within the case to draw conclusions about the case.

2. Secondly, I started coding each individual case report, line by line, for descriptive codes. The coding process is organising data for its themes and insights/ideas, and categorizing it with a goal of empirically illuminating answers to research questions (Hahn, 2008; Gibbs & Taylor, 2010). To do this, I had a closer look at the data - looking for codes based on themes, topics, ideas, concepts, terms, phrases, keywords discussed in SSIs, but also unique themes that emerged. A list of topic codes was developed representing the overarching issues discussed. Thus, descriptive codes for each case, and a summary for that particular case, were drawn up.
3. Thereafter, the researcher started matching patterns that were familiar across the cases. This was done in order to establish similarities of experience (same topic, theme and concept) see matrix Table 9 a technique called 'cross case analysis and linking the themes to theory'. Yin (1998) highlights that one way to do this is to look at categories or repeated themes and then look for similarities or unique perspectives among the cases. There were interesting individual differences, in a few cases, and data across cases; these differences were due to major rival interpretations by case participants, and however, there were more similarities than differences.

4.4 Data analysis matrix

Topic Codes/ Themes	Analytical Codes
Household Demographics	Single female elderly, married elderly, single male elderly, OVCs 2-15 year age range, single men, single women,
OVC Family History	Parental illness, parental death, Single mother, Father/ mother remarrying, both parents dead
Occupation of deceased parents	Farming, Agribusiness, produce trading, cook, bicycle hiring
Fostering decisions	Marriage system, my daughters children are mine, Elderly nursing daughter and children, Children automatically left to ECs care; EC nursing ill daughter in town; Son-in-law unreliable; son-in-law reliable- businessman cared for stepson; Maternal ECs asked Paternal aunt to care
OVC care in study area	Kinship care; Community care (CBCCs); Neighbours; Institutional care; Chiefs
Kinship process- Two types of Kinship care	Maternal orphans, Maternal kinship care; paternal orphans- Maternal kinship care; Double orphans- maternal kinship care,; paternal kinship care
Extended family support	Surviving relatives; Location-migration-education; contact-frequent, infrequent; spousal resistance to care and support
Church network	Small scale business; livestock; no support
Government and NGO support	FIS; VS&Ls; GRLs; School feeding programme; lack coordination- local NGO
Community network	CBCCs; village headmen; ; Elite families offering opportunities for Ganyu;
Elderly experiences	Psychosocial support; role conflict of parent/g/parent; Age of OVC; very young, very old more needs; Lacking high school fees; adversarial relationships; company; OVCs actively engaged in ECs
Vulnerability	Inflation; governance; unemployment; poor physical health; mobility-exclusion in pro-poor projects; discriminating policies- health care, Financial and resource abuse- internal and external; VS&Ls; groups, powerlessness; witchcraft accusations land grabbing.
Livelihood strategies	Ganyu, meal rationing; scavenging maize; family support; remittances
Resilience	Diversification –available assets
Livelihood outcomes	Food deficits 9 months of the year; OVCs missing school; thefts

4.5 Validity

Validity was also achieved through triangulation of data sources, as highlighted above. Triangulation offsets the deficiencies of a single strategy, thereby accumulating the scope for interpreting the findings, and defeats the bias of 'single-method, single observer, single-theory studies'. It also increases confidence in the results (Norman, 1994), allows the development and validation of instruments and methods (conformability), while also providing an understanding of the domain (completeness). As previously highlighted, the study used the six sources of data evidence recommended in CSD (Yin, 2009). Data analysis was done by converging evidence from the six data sources highlighted in fig.1. Data collection in each of the evidence sets was concluded when the researcher identified data saturations in each case. On this, Miles and Huberman (1994) highlight triangulation as a state of mind where, if a researcher self-consciously sets out to collect and double-check findings, using multiple sources and modes of evidence, the corroboration process is then built into the data-collecting process, and little more need be done than to highlight the process followed.

Apart from that, this study adhered to the Case study protocols which are paramount in a CSD. Among the elements in the protocol are setting the overview of the case study, data collection procedures (expected preparations prior to field work, data collection plans, events to be observed, documents to be reviewed etc.); the data collection questions and a guide to the case study report were all taken into consideration before embarking on the study. Every day, before going to the field, the researcher and the research assistant went through the questions that were to be asked, the documents to be reviewed, and what needed to be observed, in order to ensure that data required to answer the research questions was collected. Rival outcomes/explanations were taken on board as unique experiences and included in the case report as well as in the main study report.

4.6 Reflexivity

Reflexivity begins with an assessment of the researcher's motivations for choosing the research theme. Finlay and Gough (2008) highlight that balancing this personal motivation with the academic rationale for doing a particular research is required. In view of this, Koch et al., (1998) indicated that there is need to examine the objectives for choosing a particular phenomenon to be explored and to justify the need for the study as these can influence the research process and results. Most critics of qualitative research suggest that qualitative researchers have a potential influence in the inquiry (Finlay 2003) because the researcher has an interest in the study. Finlay (2003:108) agrees, highlighting that,

“As qualitative researchers, we now accept that the researcher is a central figure who actively constructs the collection, selection and interpretation of data.”

Reflexivity is awareness of the researchers' contribution to the construction of meanings throughout the research process, and acknowledging the impossibility of remaining outside of one's subject matter while conducting research (Nightingale and Cromby, 1999:228). As a researcher, this study was motivated by the desire to find the actual day-to-day lived experiences of the elderly who in their old age were supposed to receive care but instead is continuing to be parents caring for OVCs. The premise was the fact that the researcher has experience of the phenomenon, having lost a number of siblings and having been left with a number of orphans. The researcher has always imagined how it would be for older carers, with no external support, and what their experience must be like. In the pursuit of finding out the essence of the elderly's experience I was aware of my own thoughts and feelings, which I wrote down as a constant reminder, and so they would have less effect on what was heard and understood from participants. Because, if I was not careful to be conscious of these thoughts and feelings, they would be likely to influence how participants acted, what they said, and the extent to which they were willing to share information. These were a constant reminder of my position in the study to approach the study with an open mind. Morse et al. (2002) highlights that the investigator should remain open to learning from those living the experience, utilising sensitivity, creativity and insight, and should be prepared to forego ideas that were poorly supported.

Apart from that, the study asked the same SSI questions to all the cases in order to gain insight into how elderly carers deal with various circumstances and situations. However, where unique themes, as well as deviant views, were identified, these were taken on in order to highlight individual perceptions and insights.

This research was carried out in a resource poor community where poverty levels are quite high. Having this in mind, as someone coming in from outside, I made sure not to dress in flashing colours. I adopted the dress of most rural communities in Malawi - a head scarf, and a wrap - throughout the time of the study in order not to look different from the rest of this community. This policy was also applied to the sitting arrangement during interviews. I made sure that the case was sitting on a mat with study participants in order to communicate our relationship as not being one of master and servant but mutual partners in the study. During PO I involved myself with the activities of the cases (insider) (harvesting, drawing water from a river, cooking etc.), which made the research participants more relaxed to share their life story and experience while carrying out interviews with an outsider view by asking questions throughout the process.

As a researcher, I knew that the subject of the research was emotional in nature, with the orphan situation so rampant and affecting nearly every home. However, most cases displayed resilience throughout the study, in order to be able to express their experience. The exception was in one case, where the death of a daughter had occurred less than 3 months earlier. The memories were very fresh in this case, with the daughter having left OVCs between the ages 2-8 years. Nonetheless, the case managed to share her experiences of how those three months had been and her anticipation of the future. She actually said that "if it happens to your neighbour, expect that it can also happen to you," showing acceptance to the death. On the second day of the study, interviews were postponed because the two year old child was crying uncontrollably, so the researcher thought it was important to give the case respondent space to attend to the child and left her with an equivalent of £2.00 to buy what was required in the household. This is where I had an emotional reaction, and thought of giving myself a break, in order to recover, before resuming my observation of the case and carry out interviews. On the second day, as interviews progressed, we were interrupted by the crying of 7 year old Puna, who was cross because someone from the community had stolen the hoe she was using to dig in

the garden in search of sweet potatoes. I should admit I got very upset, especially when the case participant remarked that, if what Puna was reporting was true, it would be the second hoe to be stolen since her mum died. It made me emotionally upset that someone would want to inflict pain on this family which had just lost a family member. This was likely to have affected my position as a researcher if I had continued the interview process. I let the family resolve this issue and, again, postponed the interview for a later date.

This study has been presented using the first person pronoun in order to illuminate that the conclusions drawn are an interpretation, on the part of the researcher, of participants own statements. Direct quotes of voices of elderly carers who participated in the study have been used on several occasions within the findings in order to give a voice to study participants. In a few instances, the researcher has brought herself into the study by using the first person pronoun “I” in narrating or writing the story in order to indicate the researchers’ own perspective/position as an active learner who can represent the story from the participant’s view.

4.7 Limitations of the study

The study had two main limitations:

1. Study conducted at harvest time
2. Political tension

4.7.1 Study conducted during harvesting period

The study was conducted in the months of March-July which are the months when crops in the fields are mature, ready for harvest. Most of the households were busy harvesting their crops. As such, it was not possible to observe families in the leanest periods when they have depleted all their food stocks to assess their coping strategies. Most of the coping strategies were captured from in-depth interviews and not through POs.

4.7.2 Political tension

The political situation at the time of the study was quite tense which, to a larger extent, influenced the responses and the data collected for the study. Most study participants were unwilling to divulge information regarding the support they get from government or their recommendations to the government for fear of reprisal. I assured them of confidentiality of information collected and the use of pseudo names in the final report so that nobody will be aware of who might have provided that report. However, because on most occasions there were neighbours and children around whom the elderly cases felt would report to the local leadership, they held back. As a researcher, I asked the people who gathered around to listen to give us space, but still the cases thought that, since everyone knew they were being interviewed, anything coming out of this research would be attributable to them. Two of the ten Case respondents felt able to respond to these questions while the rest opted not to answer.

Chapter 5 : The context of the Elderly carers in Chiradzuru District

This chapter is about the study findings and highlights the study participant profiles, and how they came to foster the children. The chapter presents findings on the impact of AIDS mortality on the EHHs, the various OVC support systems that were found to be present in the study area and the experiences of the elderly carers in their role of care. This chapter also highlights findings on the impact of having older adult children in the EHH to the household as a whole and the various psychosocial issues- affecting both the elderly carers and the OVCs as perceived by the elderly participants interviewed.

5.1 Study participants profiles

The study sample consisted of a total of ten elderly carer cases (the main study participant group) ranging in age between 55 and 90+ years of age, who participated in SSIs and informal interviews, and with whom I did PO. The participants fell into three categories: grandparents, aunts and uncles, and a surviving father. Table 5:1 below gives a brief overview of the study participants:

5.1 Demographic table of study participants

Case	Sex	Age	Marital status	Household size	Adult children alive in HH	No. of OVCs	Age range	OVCs in sch	Double OVCs	Duration of fostering
Gogo Sintha	Female	90+	Widowed	7	2 (30,22 years)	4	14, 12, 9, 7	2	2	4 years
Gogo Mercy	Female	63	Separated	7		6	16, 15,13, 11,10, 7	3	3	3 years
Abiti Jee	Female	88	Widowed	5	1 (55years)	3	15; 14; 12	3	2	6 years
Abiti Braima	Female	79	Widowed	6		5	14,12, 9, 5	3	4	3 years
Gogo Rosie	Female	65	Widowed	7	1 (35 years)	5	14,12,11,9,7	5	5	2 years
Gogo Chime	Male	65	Widower	3		2	14, 12	2	0	4years
Gogo Ulemu	Male	74	Married	5		3	16. 13, 12	0	3	2 years
Gogo Alice	Female	60	Separated	6	1 (28 years)	4	8, 7, 5 , 2	1	1	3 months
Gogo Niya	Female	55	Widowed	4		3	13,11,9	3	0	11 months
Gogo Brian	Male	69	Married	5		3	17, 16, 14	3	3	4 years
Total		10		55	5	38		25	23	

The study found that nine of the ten participants were elderly women who were widowed (six), separated (two), and married (two). Two households were EHH by married couples living together, while one household had a widower EC, who was also the parent of the OVCs. The decision to include him in the sample was made because his age (65 years) qualified him to enter into the study. The study could not easily identify other single male elderly carers looking after OVCs, as most of them tended to remarry when they lost a wife. Overall, this study agrees with Monasch and Boerma's study in 40 SSA countries where he found that, orphans more frequently lived in households that are female-headed, larger, and have a less favourable dependency ratio whose head of the household is considerably older (Monasch & Boerma, 2004). The study found that ECs were all kinship members, largely grandparents looking after maternal orphans. On the basis of the field research, a preference was shown for kinship carers, as opposed to non-kinship members in this district. None of the cases reported any siblings or orphans within their kinship group being looked after in institutionalised care.

5.2 Fostering decisions

Respondents interviewed revealed how the marriage institution in matrilineal kinship society shapes fostering decisions in the study area. As noted in chapter 2, Chiradzuru district, is a matrilineal society; descent is traced through maternal kin who, as already explained decide, where children go to be fostered in the event of the death of a parent. Most respondents reported that children are an 'inheritance' of the maternal kin, irrespective of whether they had the material resources to support children or not. This suggests that even men, when they are coming to marry into this community, know that, in the event of death of their spouse, any children would be left to be cared for by the maternal kin, uncles, aunties and grandparents. However, the actual custodian of any orphans remains the grandparent, as one respondent (Gogo³¹ Braima) cited,

“In this community it is our culture that children belong to the maternal kin. In the event that one parent dies, such as the woman, children are left for the maternal kin to decide who will look after the children. If the father is deemed to be able to look after the children by the maternal family, the children will go

31. Gogo is a title used in Chichewa language spoken in the study area to mean Granny

to be cared for by him. However, all decisions surrounding the children (marriage, sickness and death), remain the responsibility of the maternal uncle. If the father has no command of resources (has neither a job nor a business and relied on farming) the children are left for the maternal kin family to look after. This is because the maternal home is where their farm is, where they can produce food. Inheritance of farms is through girl-children. In their case, if they are from a matrilineal society, they (men) migrate to marry elsewhere and remain at the wife's maternal home. My daughter's children are my children and so are my great granddaughter's children," said Gogo Braima. Gogo Braima went on to say that even the men know that they cannot insist on taking their children to their villages, because they do not have a farm there which they inherit, unless they come from a patrilineal society.

Out of the ten cases interviewed, seven cases reported that their deceased children had lived around their compounds. The respondents had been instrumental in raising their grandchildren, babysitting, providing them with space in their household to sleep, and sometimes cooking for them when their parents were running errands. At that time, however, they were not the principal carers. When their children died, it was automatically assumed by kin members and extended family (being a matrilineal society) that they would take over the responsibility for being close to the children because of the existing bond between them. Most of the respondents remarked that no major discussion had taken place regarding where the children should go, except for a promise by the deceased's siblings and the paternal kin to support the children remotely, while the grandparents took over full custody of the OVCs. All cases, except two, stated that they became foster carers automatically upon the death of their daughters, as no one else offered to take on the responsibility of principal carers. However, one case was quick to say that, while they did not regret the situation, at times she felt that the children would be better fed if they were being cared for by a more able-bodied member of the family. There are some benefits ~~positives~~ to the arrangement, however, as revealed from this interview extract:

"At least I have company in the house. They can be a nuisance at times, but there is no better place I would want them to be than here with me. At least I have someone to talk to and laugh with as they always bring home village

stories, school stories which otherwise I would not have heard. Engaging with them makes me feel youthful...,” said Abiti³² Jee.

In all cases, except two, the ECs were raising their own maternal grandchildren. One of the two cases (Gogo Mercy) reported that the three OVCs she was looking after were her late brother’s grandchildren, whose parents, as well as their maternal grandparents, had died. This decision had been reached because the children were all under the age of five in need of significant care. Although she was a paternal aunt she was giving custody of the OVCs, around the time of the study, because most of their maternal kin relatives, who would normally have played a significant role in raising the children, had died, allegedly due to HIV/AIDS. In this matrilineal society, this case shows how HIV/AIDS deaths are changing the social organisation of matrilineal families and communities.

One case (Gogo Chime, 65), was actually the father of the two OVCs he was caring for. His wife had died four years earlier after a long illness. He disclosed that his wife had died of HIV-related causes and that he too lives with HIV/AIDS. In his case, the maternal family had decided that, upon the death of his wife, Gogo Chime should have the care of the children. He thought this was because he had proved to the family, before his wife died, that he was able to take care of his children. Also, he was already taking care of stepchildren from his deceased wife, and had been able to send them to school together with his own children. Gogo Chime still paid tuition fees for his stepson, although his stepson was living with his grandmother.

In another case, Gogo Brian reported that, for seven years, he and his wife had cared for eight OVCs comprised of five nephews from his wife’s deceased younger sister, who had been orphaned when they were quite young and needed nursing care from an able woman, and three grandchildren from their deceased daughter. Including their own children, they had fourteen family members in their household. At the time of the study, Gogo Brian was looking after three OVCs, five were now independent and had left the home, three had gone to live with their father in town, and one of their own children was living on his own in town doing piece jobs.

32. Abiti is a name used among the Yao speaking tribe for “a Miss”, i.e a respectful way of saying daughter of such and such.

In two of the ten cases, the grandparents were caring for a second generation of grandchildren, having also previously cared for their parents (ie their grandchildren) who had died. Having cared for six OVCs who were the children of four of her deceased daughters, at the time of the study, Abiti Jee was now looking after three great grandchildren. Gogo Sintha reported having had nine children of her own. She had lost seven children, leaving her with six grandchildren to care for. However, at the time of the study, she had lost four of these grandchildren. Two of them had left their own children in the care of Gogo Sintha who now had six great-grandchildren to care for at over 90 years of age.

The study also found that out of the thirty-six orphans in the EHHs, 23 were double orphans. Only three cases indicated there was contact with the paternal kin. Two cases reported that they had to let their grandchildren go and live with their father and paternal kin on the death of their mother, especially the older boys of fourteen and fifteen years of age, because of reasons ranging from a lack of support, to discipline and schooling issues. This was something they revealed they had not previously done until now when the impact of orphan-hood began to be felt. One case reported that she had let her two grandchildren be looked after by their father who was then operating a small business. However, the father had become very irresponsible and started drinking too much beer and neglecting his children, to such an extent that they were not going to school, but spending most of their time watching video shows. She says:

“The house had no food and their father came back very drunk. I decided to take the boys back because this confirmed what I had heard from local traders in my village. Since then, he (the father) has never set his foot here to see his children, let alone send any pocket money,” said Abiti Jee.

Abiti Jee was not sure whether her great grandson-in-law was offended, and this was the reason for him not visiting his children, or whether it was a great relief to him. The impact of HIV/AIDS deaths is weakening the value systems and cultural structures that used to uphold matrilineal society in the area.

The influence of the matrilineal system was also evident when two ECs, in the Elderly FGD, revealed that they could not let their daughters' children (their

grandchildren) to go and live with their paternal kin, for fear of abuse and neglect because she said,

“Letting children to be cared for by paternal kin is refusing the children their inheritance, their land, their kinship, that is like abandoning them. Even the paternal kin have the right to abuse them because they are not their inheritance,” Gogo Rosie.

This viewpoint was supported by participant observation, SSIs and FGDs. One grandparent said she was sure that, if she let her only son to look after the orphans, her daughter-in-law would be nasty to the children.

Another finding was concerning spousal reluctance to either take on or to support OVCs in EHHs. The Area Development Committee (ADC) focus group highlighted that in some cases there were no able-bodied members of the family, such as the siblings of the deceased, who could foster the OVCs. The siblings' spouses were sometimes not willing to foster or even to extend support to their orphaned nephews and nieces. However, others highlighted also that this may also be because their households, according to the ADC FG member, could not take on more than they had already. Most of them would threaten to divorce their spouse should this happen. This was also echoed by the men interviewed, who said that most of the time women (their wives) were very hard to convince, should the men (the husbands) wish to foster their orphaned niece or nephew. One of them reported that, because the women have land and men reside at the women's natal home, the men had limited influence over the running of the home in terms of deciding to bring in an extra mouth to feed. He went on to report that this goes for any form of support men want to send to their nephews and nieces:

“Most of the time, for one to send anything, one has to just sneak it to their family,” said one ADC FG member.

Although there were contrasting views, they all pointed to the fact that women and men, alike, can stand in the way of orphan support in the community. Therefore, most orphans have ended up in the care of the elderly. The elderly are perceived to have the freedom to foster as most of them are single women making their households open, and stable all the time:

“The elderly are like a sponge, they absorb everything, they have no commitments and most of them are not married to be restricted by their spouses,” said a lady ADC Committee member.

The fact that there are very old elderly members - as old as 90+ years old - still caring for OVCs is an indication of the extended family not being able to cope with the OVC crisis.

5.3 Impact of HIV/AIDS on EHH

Impacts of caring for sick adult children by the elderly were also raised in this study in informal interviews, SSIs, informal conversations and Elderly FGD. Below were some of the findings

5.3.1 Caring for their ill-adult children

As earlier stated, the HIV/AIDS crisis continues to ravage the study area. Most of the elderly cases interviewed had nursed sick family members, including their own older children, on a number of occasions. They had spent on average three years nursing their sick older children and grandchildren. They revealed that either their children or their children's spouses were first to die. This had impacted on their livelihood activities, such as farming and small scale business as revealed from this interview extract:

“...there was a time when I had two sick daughters in different hospitals; I asked the husband of the last one to become ill to transfer her to the hospital where I was looking after my other ill daughter, to allow me look after both of them. My daughter who was moved to the hospital where I was nursing her sister died first; I went to bury her and came back in hospital to continue to look after the older one. After two months, she eventually died at home. By 2008, I had lost five daughters and two grandchildren ages between 21 and 38 years. Apart from that when I was away my two oxen were stolen as I had left them with my son who is disabled and has mobility problems. I think they must have used juju (witchcraft spell) because he never heard anything until morning. Now I have no livestock left; this year I have harvested four bags of maize, which will last me and my three children at least four months,” said Abiti Jee.

(One neighbour who was there at the time of interview shared that Abiti Jee had been a resourceful farmer whose children's remittances were able to pay for labourers on her farm and buy chemical fertilizers; she used to own two oxcarts which she was hiring to people. She was able to feed the entire village as people came to hire out their labour for food. "I feel very sad to see her now looking for opportunities to get food," said the neighbour.)

Apart from that, Gogo Rose and Gogo Brian disclosed how their deceased daughter and sister-in-law had both prolonged illnesses which made them go into hospital several times. Gogo Brian's sister-in-law reached a time when she could no longer support herself and required the support of her family in the village. However, both cases were reported to have been on prolonged medication, but which was not disclosed to be ARVs. Similarly, Gogo Rose reported that her son-in-law had to bring his wife to be looked after by her mother in the village who was also on prolonged medication and twice she got medication from the Health facility in the community. Gogo Sintha disclosed that her grandson came back from work in town not because he had no ART access, but rather he had discontinued taking ARVs when he felt better and never went back to the hospital when he felt unwell again because he was afraid the medical personnel would have given him a hard time for noncompliance.

The same scenario of loss was also shared by Gogo Chime, Abiti Jee, Gogo Niya, Gogo Mercy and Gogo Ulemu. Half of the ECs reported having either lost their savings, farm produce, or that the sickness and loss of their children had affected their livelihood activities. Farming was affected by the nursing role they had taken on to care for their ill-children and the OVCs. Gogo Rosie, Abiti Jee, and Gogo Ibrahim reported that, over three years, they had been in and out of hospital caring for their then ill children for a minimum of twice a year. Abiti Jee reported that she was tired of spending weeks in hospital and had taken her daughter to a traditional herbalist who was miles away from her home in Mulanje. They were there over a month, as she could not return, because her daughter was too weak to travel. She reported that, while there, she had to buy everything. Gogo Sintha recalled the impact of her children's sickness as highlighted in this interview extract:

Box 5.1 Gogo Sintha – impact of HIV

Researcher: “So, how long do you think you missed out on your farming activities during this time of your deceased daughters’ sickness?” Gogo Sintha:

“Mmmm, for my third daughter I spent a few months in hospital, because it was in November when her sickness worsened, so we had to take her to hospital. I remember Christmas found us in hospital until New Year. I am talking about the year 2004. My daughter died in March, close to two months after she was discharged. We had visited a famous herbalist in Mulanje, having been not satisfied with treatment in hospital. We went there by “*matola*” (local pick-up trucks). We got in Mulanje, and hired a bicycle to get to the herbalists’ village. We were told my daughter had to wait there to drink medicine for a week. After a week my daughters’ sickness got worse, she had developed diarrhoea. She became very weak such that we could not travel back, and we spent nearly two weeks there. I left my crop in the field, which was ready for weeding, for two weeks ...mm the weeds had grown tall, and the sun was scorching hot. After a few weeks at home, she fell sick again. This time we decided we would continue with the treatment she was given in Mulanje. We saw no improvement, but we had not enough money to seek paying clinics. We had been disappointed with the hospital, I think we delayed her to get treatment; she died in May 2005. On both occasions my farming activities got affected. Since then, we have lived hand to mouth. We used to offer families employment on the farm and feed the entire village with our harvest. Now see, the food I have (pointing to her mat where she is drying her corn). This will not be enough for the year for me and my four children.”

Gogo Sintha’s only surviving son (68years) was also ill, and could not support her on the farm. They both suffered food insecurity and ill health. At the time of the study Gogo Sintha, was also nursing her grandson Imani, 29, who was very ill. He had come back to the village, from working and living in town, to try alternative traditional medicine remedies. Gogo Sintha revealed that this had been the trend for most of her children and grandchildren, and that eventually she would lose them and be left to care for the children that were left behind. Imani had twins, both boys of two years old. He came with his wife and left his twins with his mother-in-law in town. Imani had a high fever at the time of the study and Gogo Sintha and Imani’s wife were looking after him. Imani revealed to the researcher how, at the onset of his sickness, he was told he had AIDS and that he needed to start treatment that was at a clinic in Limbe town. When he took the treatment he felt better and eventually stopped taking the medication. When he got sick again he was not keen to go back to the same hospital, fearing they would recognise that he had stopped taking his medication. This is how he made up his mind to come back to the village and to his grandmother, so that he could try traditional medicine in the village. The researcher referred Imani to the HIV/AIDS support group in the area for support.

Such narrations were quite common among the carers of OVCs in the study area. Only two cases highlighted that they were in the same state now as they had been before their children died, because they were already poor. However two ECs reported that this time their food deficit was felt significantly with increased number of household members. They could attribute their lack of food to neither sickness nor death of their children:

“The death of my two daughters has robbed me of their company, but not food reserves nor money. I was this poor even before they became ill and died. In this area we experience a lot of droughts with the changing climate. Both my deceased children and I relied on *ganyu* in other peoples’ fields to buy food, clothes etc. Years upon years we could not produce enough food to feed ourselves. Our time was spent in other people’s farms. We relied on neighbours’ support to get my daughter to hospital, and because I could not afford transport to take my other ill daughter to hospital, she died in the house. They were equally needy as both were not in marriage when they died,” said Gogo Ulemu.

Gogo Mercy and Gogo Sintha were each caring for an OVC diagnosed with HIV/AIDS. Gogo Mercy reported that although ART were being administered at their local health facility at Kadewere, her granddaughter’s condition meant she had to travel to the main District referral hospital on many occasions where assessments were conducted on her before she could be given any further medication. In Chiradzuru district, According to a Hospital Official in Chiradzuru district Hospital, in 2010 there were 11 health facilities supported by Medicins San Frontiers where mobile ART clinics were being done, which included Kadewere Health centre. Medicins San Frontiers had been training the local government health facility personnel to take over the ARVs administration when Medicins phase out of the district. Although this was the case, most of the health facilities are not within walkable distances and require that most population groups use hired bicycles or public pick-up trucks.

There were also cases who reported caring for OVCs who were also responsible for the care of their own children with a physical disability (Abiti Jee), while one (Gogo

Rosie) was also helping to care for her surviving daughter's child who had cerebral palsy. They highlighted how the care for family members with these various health conditions limited the elderly's access to other livelihood options that required them travelling such as initiation ceremonies, *ganyu* opportunities and forest products enterprises.

Most OFI have also indicated locations where ART were available in Chiradzuru district, the study area under the same section

5.3.2 Impact on training and passing on cultural and traditions

One of the questions asked of grandparents and key informants was concerned with the roles of grandparents before the advent of HIV/AIDS. It was clear from the respondents that, previously, they had undertaken to train young mothers to nurse and look after their own children. Apart from that, most of them (eight of ten) said they had been involved in initiating boys and girls into adulthood. They would organise a renowned adviser, called a *Namkungwi* (counsellor) to speak to boys and girls at puberty about how to take care of themselves. Girls were educated in basic hygiene at onset of menstruation. Young men were taught how to look after a woman. The young adults would also be trained in social etiquette. Other roles, highlighted by nearly all the elderly people, were preparing dead bodies for burial, leading in funeral and after burial ceremonies, as well as mediating in family disputes. Nearly all the cases agreed that they had previously done, and continued to pass on, their cultural and traditional beliefs to their surviving children and grandchildren. One elderly FGD member said that the customs and traditions have been told (passed on) to younger generations through songs and folklore, ensuring that the messages carried in songs stuck in the children's minds.

The study found that three of the ten ECs had been the *Nakangas* (principal counsellor) organisers of ceremonies initiating boys and girls into adulthood. They said they were still able to carry on the role, although it is very different this time. Gogo Sintha reported that the children are so used to you, because of your daily contact and the parenting role you play in their lives that, unlike before, they have ceased to respect you or to take your advice seriously. While this was the case,

Gogo Rosie said that she finds herself in a conflict of roles, as a parent, as a grandparent, and now as a *Nakanga*. She felt the role of *Nakanga* would be better undertaken by an elder with whom the children were not familiar. Three other cases, who used to perform the role of *Nakanga*, reported that they used to be called to far and distant places in order to initiate girls. They used to charge fees to the parents whose children were sent for initiation. Gogo Sintha and Abiti Jee had now stopped accepting to go far distances because of caring for OVCs, while for Abiti Jee it was the caring role compounded by her immobility. Gogo Alice had also stopped accepting this role due to childcare. They reported that the initiation ceremony for girls takes one week, for boys four weeks. The three cases expressed how they had found it difficult to travel with or leave children for a week, ending up in declining the offers.

5.3.3 Maintaining social networks

Nine ECs reported constructing and maintaining social networks in the community with their children's assistance. For instance they encouraged their children to visit their extended family, neighbours, attend funerals and celebrations, such as weddings, the birth of a baby, and initiation ceremonies. To do this, Gogo Ulemu said she would prepare a gift, in the form of maize flour, millet, or beans, wrap them and send her daughter or granddaughter to give them to their neighbour. Sometimes they would cook a meal for children at "*ndaghala*" (a place where initiation ceremony is taking place) just to help their neighbour with cooking. This was echoed by a few ECs who said that if there was a wedding, or any ceremony they used to send young girls and mothers to go and help with cooking, drawing water, and other various chores. However, most of the elderly regretted that they had lost children who had helped them maintain social capital networks with family, neighbours and friends, which were useful to them in the event that they too needed support.

".....as an old person I was able to continue to maintain social networks of support through my daughters who would attend funerals, weddings, visited the sick in my behalf. Now I have lost four daughters. Apart from that, my supplies are very limited these days to share, although my great granddaughters do it here and there. There is a lack of gifts to exchange and

their values are different from our generation. For them they think it is all about themselves not anyone else,” said Abiti Jee.

“Now, for me to send my great granddaughter to cook a meal and present it to an initiation ceremony is quite a task. She asks me a lot of questions as to why we should do this if there is no family member being initiated,” said Gogo Niya

Other roles previously taken on by the elderly, included passing on livelihood skills such as farming skills, cooking, brewing sweet beer, trading, wood carving, pottery, food processing and drying foodstuffs such as vegetables, beans, peas etc. Participants revealed that they had been instrumental in supporting the younger generations in dealing with calamities and the knowledge of how to treat various minor ailments, for example mumps or wounds, using traditional methods. Most of them still continued to perform these roles, although passing on such skills as wood carving and pottery had been affected by environmental degradation.

5.4 Extended Family and Community Support for OVCs in the study area

The study undertook to establish what social support is available for the elderly people caring for OVCs in Chiradzuru, and how families, communities, and neighbours provide care for OVCs. This is a similar finding to Seeley’s study in Uganda on household resilience of households devastated by HIV/AIDS and droughts pointed out in chapter 2.

The study found that support came from inheritance, from surviving siblings of deceased parents, the extended family, neighbours, community leaders and religious congregations. Below are the findings from the study participants.

5.4.1 Inheritance

In seven of the ten cases, the deceased parents of the OVCs had been farming in close proximity to their natal homes. Three cases were engaged in trading in various seasonal farm produce and second-hand clothes. One case reported that the deceased father of the children had been a cook at one of the Indian merchants in town.

Most of the participants reported that the majority of the savings and items, such as a bicycle, radio, and clothes left by the parents of the OVCs were used to redeem various loans left behind by their deceased parents. The loans had included transportation costs to hospital, payments to traditional doctors, payments to casual labourers on farms and funeral costs. In one case the parents had left a bicycle, but the children were too young to use it, so an uncle (a brother to the deceased father of the OVCs) took the bicycle to use it to transport people to and from town. He had promised that money he would be making would be used to support the OVCs, but this never happened. This is illustrated particularly well in the following quote:

“I sent the boys to go and find out about the proceeds of the bicycle hiring and, if possible, to just claim the bicycle back. Unfortunately, they were told that the bicycle was involved in an accident and therefore he was not able to fix it. The boys were shown the parts of the bicycle that were useless to take back home,” said Gogo Brahma.

The impact of AIDS mortality was quite intense that a few families had to challenge other traditional rituals that were performed when a parent dies. One of them was Gogo Alice who probably was so desperate, as an elderly carer, that she challenged the traditions of the area by living in her deceased daughter's house: Box 5.2 narrates her story:

Box 5.2 Gogo Alice

Gogo Alice and her five OVCs reside in her deceased daughters' newly constructed house. Unfortunately, its roof was not adequately thatched, as her deceased daughter had been roofing it when she was taken ill and died. The study was conducted towards the end of the rainy season, and the house in question was very spacious although windows had not been fitted. Pieces of cloth and cardboard boxes were used to cover the windows. The researcher could see potholes inside the house, which were the result of water leaking through the roof. Gogo Alice said that the nights when it rains are the worst nightmare for her and her children. She has to keep herself and the children in a corner until the rain stops. She said that, during most of these nights, they all have to sleep on wet floors and bedding.

Gogo Alice's deceased daughter was able to buy it from local traders, because she had a business selling second-hand clothes. Gogo Alice's personal house was small, had no ventilation, and she feared overcrowding could be detrimental to their health. She decided not to pull down her daughter's house, which is customary in her family/tribe. She will keep it because it was in a better state than hers and she was afraid of being stranded with the children and welcomed the spirit of her daughter to come and haunt her, as it is the custom and belief in her clan.

"I am not pulling down my deceased daughter's house. I do not want to be stranded with these children, and God will help me to roof it and fit windows. There is a belief in my clan that if you keep a house belonging to someone who is dead, her spirit comes to haunt those using it. Let her spirit come and haunt us, she says, (me and her children) if she is that bad. She built this house for her children, why would she want it pulled down, where then would I sleep the children?" said Gogo Alice.

Most of the elderly interviewed just pointed to ruins as places where their daughters' house/s used to stand. At the time of the study, the structures were pulled down; the children were sharing accommodation in the ECs' households, regardless of the condition of the house. A few of the older boys had built their own small huts, known as 'Gowero' in the area. Lack of adequately roofed houses among the elderly interviewed was quite common, which was identified in seven of the ten households observed. They all emphasized the rainy nights as being dreadful.

From the narrations above, it can be deduced that HIV/AIDS has led even those who were relatively well-off into a state of impoverishment and, for those who were already chronically poor, into destitution. Most of the elderly had not inherited any wealth from their deceased children. What they had as their savings had mostly been used up to care for their ill children.

5.4.2 Support from surviving children

When asked what support the ECs received from their families to help care for the OVCs, it was apparent that, where possible, their children would help where they could, a similar finding in Seeley's study in Southern Uganda among HIV/AIDS and drought affected households. In this study resilience of such households was through extended family member and surviving children support highlighted in chapter two and five above. For other households, influenced by ill health, alcoholism, unemployment, poverty and un/willingness of spouses, a few of the surviving children were unable to offer support. Two of the ten cases reported that surviving siblings of the deceased parents, especially from the maternal kin, had been instrumental in the raising of OVCs. Assistance was in various forms, ranging from labour on the grandparents' farm, to remittances, and clothes. The need for more support overshadowed this support, due to the large number of dependents needing support. In particular the lack of jobs and poverty has frequently prevented siblings of the deceased to provide support to the ECs. This was echoed by the members of the Elderly FGD who said they were sure that, if there were jobs or lending institutions, their surviving children would be able to engage in doing something to provide support. In a few households where there were older siblings of the deceased children in the elderly households in this study, responses revealed that, regardless of whether they are providing support or not to the elderly, the tendency of the community leadership was often to assume that those households were better off than where they did not have older children at all.

In two cases the ECs were also providing for the deceased's grown-up siblings. Gogo Rosie pointed out that she looked after her son because he had been divorced by his wife for not providing for her. Apparently they had no child. He had no job, and

the land where he had a farm with his wife was so degraded that he needed to apply either compost manure or fertilizer in order to realise yields.

Gogo Rosie:

“I have a son who is 31 years and a daughter aged 28 years who support me with labour to farm. My son has been looking for a job for years now but cannot find one. My daughter had to give up her house for me and the children to live in since we did not have enough space in my house. The paternal kin of the children have stopped visiting now; it is close to a year. I also have a few family members in town but they only come when there is a funeral and help with funeral costs, not like now. You know life in town can be costly to extend support. Town life too can make people forget people in the village”

Gogo Alice looks after her son, who is an alcoholic, in addition to the OVCs.

“Ahhh, my daughter, there is none now. It was my late daughter and I helping each other. I have a son who is an alcoholic. Every time he is drunk. The people that buy him drink cannot buy him food. He appears and disappears as he likes, sometimes he can take days without showing up and sometimes I think may be his beer has killed him. Nonetheless people think, because I have him, he does help me but he is useless. He was even drunk at his sister’s funeral.”

The lack of spousal support was debated at length in the ADC FG. Both men and women felt that their spouse stood in the way of them supporting or taking on orphans in their households. They believed it was not only the issue of not having a job, but also a lack of understanding, greed, and hard heartedness in various households, that can prevent the support of the elderly caring for OVCs, as illustrated below:

“When my son was well, he would help me with his labour or money to hire labourers. He would fix the house and the toilet for me. See, the toilet collapsed with heavy rains in November (2009). This is April (2010), it is still not fixed. At the moment we do not have a toilet, when we want to bath or relieve ourselves we use the stream there (pointing to the nearby stream). My other grandson would help me if it were not for his wife. One time Tina went

there she brought back stories about her that broke my heart. I am sure she is the one who makes my child not to send me money. Now he himself is not well. My daughter, these are evil days, I wonder who will bury me, I am sure the crows will eat my remains, because I cannot see anyone of these children surviving this scourge,” Gogo Sintha.

“When you suggest to your wife/husband that you should either take on your sister’s child/children or send support in the form of food or money, some spouses refuse to let you do that. Your spouse threatens you that if you send something, even you will go with the gift you are sending, suggesting that you should not help. Some of us sneak support to our families to ease the burden on the elderly. It grieves me, yes it does pain me to see my sisters’ children and my mother, who is very old, struggling to feed and care for the children,” said an ADC FG participant.

This was also echoed in one of the In-depth interviews with the ECs on the issue of support from their children and grandchildren, Abiti Jee: “Currently there is no one. Once in a while some of my great grandchildren I have cared for will sneak out some maize meal, or soap. My great granddaughter is only a house wife. She finds it hard to support me, and her husband sometimes threatens her when she wants to share something with us. This year she topped up my money to help buy a bag of fertilizer.”

Distance was also highlighted as a limiting factor by one EC; it made visiting each other difficult with rising transport costs. There was also a loss of initiative in labour-sharing farming system. Abiti Jee highlighted that her son had been able to send remittances to her when someone had come to the village from Johannesburg. This ended at the point when people decided to stop coming back from Johannesburg for fear that they might not be allowed to go back there again by immigration officials. Sadly, her son was reported to have died a few months before the study and was buried in South Africa, taking away all her hope of support. She was left with a disabled son at the time of the study.

5.4.3 Support from neighbours

Five cases said that they were able to get *ganyu* (short-term piecework) opportunities from families who were well-off, when the rains were good. However,

because of the frequent droughts in the area such opportunities were rare, as highlighted by this participant:

“The support I can share with you is that they give you piece jobs like weeding, shelling maize, sometimes taking their maize for milling, and then they pay you. However, most of those with labour opportunities opt to give them to men and boys because they are esteemed to give better quality of labour output than us, *she laughs*. Now such opportunities to shell maize and get the maize to be milled are very scarce. The ones which are given to us are seasonal, as such we suffer. A lot of us are looking for *ganyu* and there are only a few households who are able to give you such opportunities due to droughts. Most of those who used to give you such opportunities no longer do so,” said an Elderly FGD Member.

Poverty too is limiting community members from extending support to neighbours, as highlighted in this interview extract:

Gogo Sintha:

“My daughter, every household now has their own problems and therefore cannot support a neighbour.”

5.4.4 Support from Community leaders

Two community leaders were mentioned a few times among four of the 10 households as having been instrumental in their support through food resources, soap and offering opportunities for *ganyu* to OVCs despite the fact that they equally had been affected by AIDS mortality and drought in their household.

Abiti Jee, Abiti Braima and Gogo Ulemu informed the researcher how their group village headman and their Traditional Authority had been their source of help in most of the times when they had approached them for support with food and farm inputs. Abiti highlighted that even without asking for support their Group Village headman has come to just check on them to find out how they are getting on and most of the time left them with a little something in the form of money, sometimes asking if she could send Lora to get some maize meal. The same was echoed but Gogo Ulemu who said the Traditional Authority in the area had bailed them out on several occasions when they

were stranded with maize seed to plant, and offered to source them a bag of chemical fertilizer. Abiti Jee had this to say:

“My two older boys spend most of their time at the chiefs house to help with chores because they are provided with food and soap to use to wash their clothes most of the times. He has been a source of our support although he does not have much, he is such a good leader,”
Abiti Jee.

5.4.5 Community Based Child Care (CBCCs)

The presence of Community-Based Care Centres (CBCCs), which had operated during the day for children under the age of five, with community members contributing maize meal and cooking porridge for the children, provided some assistance to the EHHs. The CBCCs provide grandparents, and indeed all households impacted with OVC care, breathing space by caring for the under-fives from morning to noon. During this time the grandparent carers could engage in productive activities. Children were able to play and learn the alphabet and basic words in English. The major problems for the community were sustaining the food reserves, fuel wood and retaining volunteer teachers at the CBCC. These issues sometimes meant that children had to stay at home, which happened regularly. The use of a volunteer teacher meant the community could not enforce her attendance at the centre. At the time of the study, this CBCC had been closed for two months due to the lack of a teacher and supplies to feed the children. The previous teacher was reported to have just married and left the community to follow her husband. The village headman reported that they were in the process of identifying someone to take up the job, as it was voluntary.

5.4.6 Government Support

The researcher also found that there was a UNICEF/government-run school feeding programme in schools as part of the social protection programmes in the country. The government supplies maize flour while the community supply fuel wood and labour to prepare porridge fed to primary school pupils in the morning. At the time of

the study each family contributed MK10.00, an equivalent of less than one British penny, to the school for the purchase of sugar and fuel wood for making porridge. Seventy per cent of the study respondents reported that they were struggling to pay even this small amount of money each month.

5.4.7 Church Support

Of the ten participants, only two reported having received support from either the Seventh Day Adventist Church or Mosque depending on their religious belief. This was in the form of a small revolving loan fund and goat meat and a goat during Ramadan festival respectively. Gogo Mercy participates in a women's church group fund where, each month, they contribute the equivalent of £0.10, and rotate in borrowing small amounts. She uses money to run a doughnut business.

Another case (Abiti Jee) said that, because her son who is physically disabled helps out in the mosque teaching young boys and girls Quran³³, he gets support once a year in form of goat meat from Indians who support the Mosque. When this support comes, all the household members benefit. The rest of the participants reported that there were no initiatives to support ECs and orphans in their respective churches. This was echoed by the church leaders in the area: two of the three churches in the area, the Church of Central Africa Presbyterian (CCAP) and the Roman Catholic (RC), said they had planned to set up a branch to support orphans but that church members were not giving donations in the form of money or maize, so they were unable to support orphans. The Church of Christ said they were planning to do something but that they had not started at the time of the study.

5.4.8 Lacking all support

However, a few of the elderly cases interviewed were providing sole care for the children, without family or external support. The ECs revealed that the surviving parents of the children, most of whom were from the paternal side and members of the extended families, were not supporting them, either financially or socially. A few

33. Islamic teaching

OVCs, from three different cases, had their fathers surviving, but reported that the fathers were neither paying visits nor providing remittances to their children. Two of the surviving fathers remarried and, since then, had cut ties with their children. Abiti Braima reported that her son-in-law, at one point, displayed anger towards her children when they went to ask for support for tuition and, as a result of this, the children had stopped going to ask for support. The study did find, however, four cases that had support from extended the paternal family support. Two were members of the Elderly FGD, one who reported getting support from her sons-in-law and paternal kin, while the other said she gets help from a sibling of her late son-in-law to support her in caring for the two OVCs of her deceased daughter.

5.5 Experiences of the Elderly carers in caring for OVCs

5.5.1 Role Conflict

Nearly all respondents revealed that they found their role of parenting to be confusing, with the shift from being a grandparent to a parent. As grandparents they were expected by the OVCs to be softer in terms of disciplining children and getting them what they wanted. However this role conflicted with their new role as principal carers (parent). As such they found themselves swinging between these two roles which did not provide satisfaction to them. They felt either role was not being played to the fullest. Nearly all of them highlighted the role of grandparent as soft, cherishing their grandchildren, and the grandchildren's expectation they had from their previous relationship before their (OVCS) parents died. One EC actually said:

“I feel that I am being very strict with the children because I want them to behave well and do well in school but, at the same time, I want to be their grandparent and pamper them. Not to be hard on them - especially when I see other grandparents relating and spoiling their grandchildren, who have their parents alive and who themselves are not principal carers. This even makes my grandchildren wonder why I am not like them. Am not satisfied I am playing my role, I feel sorry for my grandchildren,” said an Elderly FG committee member.

Her experience was similar to all elderly cases in PO and the Elderly FG, who also saw their role of parenting their grandchildren as robbing them of the joys of being a

grandparent. Most ECs felt that, if they had maintained their role as just grandparents and not foster parents, there would not be any adversarial relationship with their older grandchildren because their strictness confuses those OVCs as well.

Both the elderly caring for the very young (age 2-6 years) and those caring for older OVCs age range of (12-16 years) experienced challenges. Gogo Alice, Gogo Niya, and Gogo Sintha highlighted that the very young OVCs could not understand why the ECs were unable to provide what their parents had been able to provide, especially in relation to food needs such as teas, sugar, and biscuits. The ECs cited many awkward circumstances where they have found themselves helpless. On the one hand, the researcher witnessed one such incident, where a two year old child was crying uncontrollably because of being given porridge without sugar and wanting tea in his drinking bottle. On the other hand, Gogo Sintha and Gogo Braima said that older OVCs had more needs as they grew up, such as better clothes, fashionable shoes and tuition fees when they get to high school. The fact that they were not able to meet those needs triggered adversity on the part of OVCs, to such an extent that some of the OVCs were said to call their grandparents witches who bewitched their (OVCs') parents.

The study also revealed that the younger the OVCs, the more demanding it was to care for them, and the less time there was to provide labour for other productive roles such as farming and small scale trading. During the interviews Gogo Alice had Saulo, a two year old OVC, strapped to her back, constantly crying. Gogo Alice wanted to wash dishes they had used the previous night, but found it hard to ignore the child. She revealed that she had tried to give him porridge without sugar, as she could not afford to buy sugar. Saulo had refused to eat and he was crying because he was hungry. Meanwhile she had a pile of plates to clean, clothes to wash, needed to go and draw water, put dry corn into bags before cooking evening meal. Box 5.3 shares more case stories:

Box 5.3 Chores

Gogo Alice's day was packed with activities to do. In the first two days of the study, she had been working around the house and nursing the children for an average of nine hours a day. The only time she sat down was to feed Saulo; when she would also feed herself. She was up from 6.15am to the time she retired to bed, and when the children also went to bed, at 6.30pm. This was the time she went to have a bath and prepared to go to bed. This routine was observed for a period of three days. The study was able to establish that this would be Gogo Alice's way of life for the next few years, until the OVCs grew old enough to contribute to helping with household tasks.

Similarly, Gogo Niya and Gogo Rosie cared for younger OVCs, while Gogo Rosie also looks after her other granddaughter of 13 years, who has cerebral palsy. Observation revealed that these ECs are weighed down with chores to support their households. For between eight to twelve hours continuously (from 6.15am to 6:15pm), all three women would be found sweeping, washing dishes, drying wet bedding from incontinence overnight, cooking, shelling maize, going to draw water, bathing and feeding their OVCs, before they took care of themselves. Throughout the period of observation, the researcher observed this trend where all were the last to eat, or wash before they rested.

Not all the ECs were worried about their grandchildren, however. A few ECs with older OVCs expressed gratitude to the OVCs for their contribution in the household with household chores, looking for food, nursing the carer when they were not well, and providing the security needed at their households, so that strangers have a sense of fear that there are big boys in the household. They also said that the elderly do not feel lonely anymore since their grandchildren came. Gogo Rosie praised her children for their contributions in the home in terms of planning for how they can make use of the resources they have, such as soap and food:

“The first year of their coming to live with me, we did not have enough food reserves, so I had to explain to them that some days we may not have food or enough food for all of us. Tujhi suggested that we cook the food once a day and serve each one in their own plate so that it should be up to each one to eat all of it or leave some for later, that way we will have food to eat

available to us for longer. She also said that we should all wash our clothes once a week on the same day to save on soap this has been working for us,” said Gogo Rosie.

5.5.2 Death and loss

The ECs that were interviewed shared experiencing a loss of emotional support. Most of them revealed how they had experienced multitudes, upon multitudes, of people coming to mourn with them in the days after the loss of their children and how the numbers of people coming slowly began to decrease.

Abiti Jee: “Mmm, I have seen people come to provide moral support, others maize, flour, money; slowly I saw all this diminish; even during funerals, the numbers of people to mourn with you have decreased. I wonder if it is a sign that everyone has enough problems and are unable to spare a moment for another, or they are equally dying or bereaved.”

This experience was common among the cases in PO and FGs. Most of them highlighted how they would have wanted it to be understood that they needed emotional support as much as they needed financial and labour support. They expressed feeling lonely and that the gap that the death of their children had left was widening as the days, months and years are progressing. Gogo Niya wondered why the various ministries and organisations, which focus on support for children who are orphaned, pay so little mention to the parents who have lost their children, as revealed in the following extract:

“I lost my first born daughter in 2004, then my son the following year. I lost my last but one other daughter in 2007 and my husband in 2008. I am left with three OVCs. People from different organisations do come to ask me questions about the children, the projects that can help them, but no one has come here to ask about me how I am coping alone with the children. Most of the times, I cry in my closet so the children do not see me cry, because I have so much going on in my mind that I have no one to share with. Sometimes age does not make you immune to getting emotional,” said Gogo Niya.

5.5.3 Uncertainty about the future

Another finding relating to the experiences of the ECs was that the elderly, who had lost quite a number of children to HIV/AIDS, revealed their fear for the OVCs in their care that they will also lose them. The first two weeks of gathering data was interrupted by three funerals, two from the same village where data was being gathered and one from a village three miles away. The first funeral involved an older woman enlisted as a study participant in this study. She was in her late 50's when she died, and had been looking after two maternal OVCs whose parents had both died two years before the study. This elderly woman had been chronically ill in the past year with tuberculosis (TB). The TB had recurred and she died leaving two OVCs who were double orphans (four and six years old). The house suddenly was turned into a child-headed household (CHH). At the time of study, the two children were in the custody of a distant cousin of the deceased who had been looking after them and their grandmother, a widowed woman of about 47 years who also had 5 of her own children.

The second death happened in Kasungu district (in the Central region of Malawi), where most men of productive age from the area go to seek employment as tenant tobacco farmers to support their families. A young man had died in Kasungu after being chronically ill for a while. He was not able to come back to his village at Kadewere because of lack of transport money. Neither were his kinsmen able to go and visit him for the same reason. The community was waiting for his remains to come home so that they could bury him in his village. However there were problems raising money to transport his body, so the villagers were just keeping vigil at his natal home. As it is normally the custom in this community, it meant the neighbours had to keep vigil day and night at the deceased's compound until the body arrived and burial had taken place. This funeral affected one of the case participants, whose friend was the mother of the deceased young man. By the end of the study, a total of four deaths had occurred in the community, the last one involving a two year old child whose mother had died and was now being taken care of by a grand aunt. This trend of deaths revealed the magnitude of loss this community was experiencing.

Gogo Alice was still coming to terms with the death of her daughter, sharing with the researcher how unsure she was of the days that lay ahead of her, if she was going to

be able to work on her farm, and whether she would be able to cope with the responsibility of looking after four young children and work on the farm. It was harvest season so she had food stocks from her deceased daughter's garden and her own garden. Unwashed kitchen utensils were lying everywhere in the compound. Inside, Gogo Alice's house had a stench of urine from incontinence mats and clothes.

Abiti Jee, who had lost seven of her own children and three grandchildren, shared how she viewed her children as "walking corpses". For her, giving your daughter into marriage was like giving her a death sentence, as revealed by her in the following quote:

"You (she sighs) hmm, (and charged with emotion and fury she goes on) all my children have been killed by this disease you call *henzi* (cannot properly pronounce the word AIDS), and all of them except one have also buried their spouses. You see her (she points at one great granddaughter who lost her husband two years ago, who was laying on a mat, herself not well). I tried as much as I could to stop her from going into marriage with her now deceased husband. See now, he is gone (meaning he is dead) and now what is this... Do you call this "*umoyo*" (meaning do you think she is well herself)? I do not think I will stop grieving," said Abiti Jee.

Abiti Jee even stopped her son, who was then working in Johannesburg, from renovating her house because, she asks, "*Who will be left to put up in that house, who will be left behind, tell me?*" This signifies how some elderly, who have gone through significant losses of children and family members, see a future where there will soon be no one left alive as long as girls are given into marriage. Their perception is that HIV/AIDS is transmitted by men to women. This was echoed again and again in the elderly FG. Asked why they think it is men who are infecting women, one member said:

"You see women stay at home when they get married, they stay at home to raise the children, while men go around looking for *mchere* (literally meaning salt but used figuratively to mean a job). They come back and several months after getting money; you see a woman is pregnant again. Then, after some time, the man goes away and comes back with an illness and before

long the woman is sick too, and eventually they both die. Do you think the man when he was away he was just waiting for his wife? *Amakhala akulawalawa* (meaning the man is not celibate when he goes away but samples other women)", said an elderly FG member.

A heated debate ensued in the EC FG. Most members (four of them) concurred with the above observation. Two other members in the FG had different views and believed that there were also some women who would be seeing other men to give them money for *mchere* when their husbands have gone away; especially when their husbands are not sending them money to buy food and they have children who are looking to them to be fed.

The uncertainty about the future was also revealed on several occasions. Abiti Jee, when asked if she was involved in community afforestation initiatives, did not think there was any reason to do so because there would be no one to benefit from the trees, especially because some fruit trees take years before they can give fruit. Abiti Jee thought everyone should just be waiting for their turn and stop worrying about the future. Abiti Jee and Gogo Ulemu were among a few of the case participants who could not hide their frustration at the losses they had experienced and their resignation about life was clear.

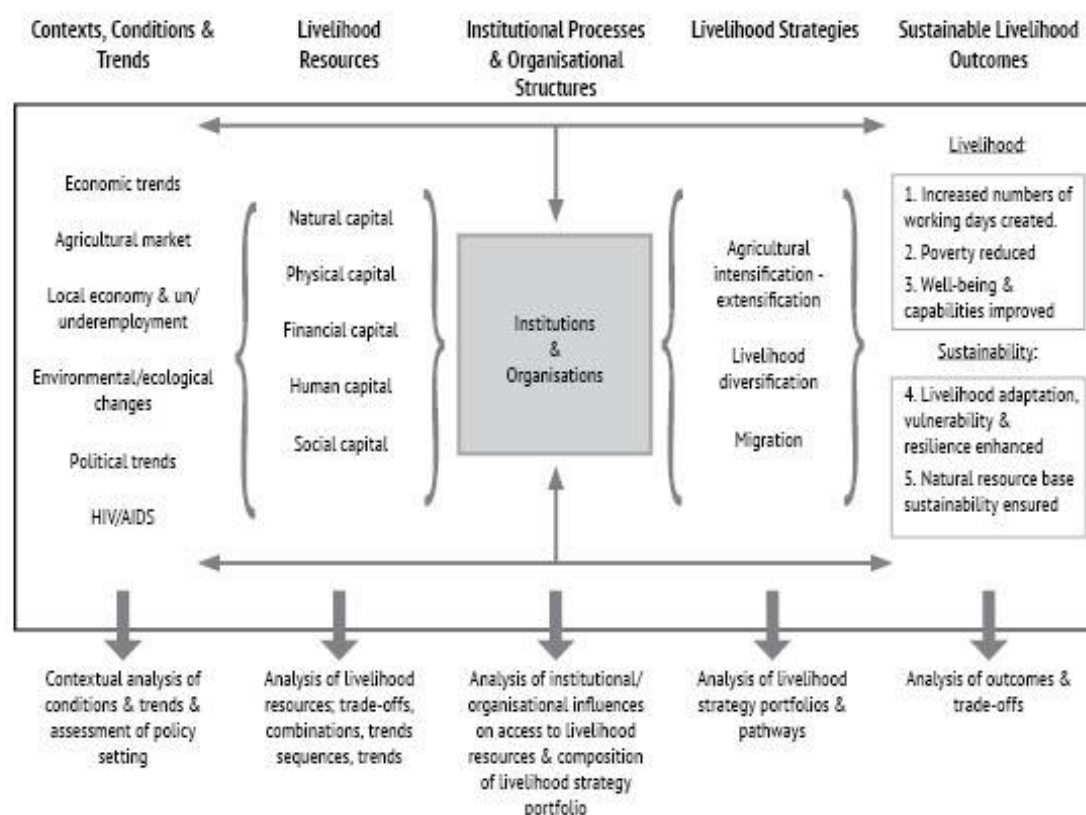
This chapter has presented the context of the study participants, by presenting participant profiles, fostering decisions, the impact of HIV/AIDS on the EHH and the various support mechanisms that are available in the family, churches and the community for the support of OVCs. The chapter has also presented the experiences of the ECs in their role of care for OVCs, and the impact of the presence of older adult children in their households. It concluded by highlighting the uncertainty about the future and the impact of marriage as perceived by the ECs on their surviving grandchildren. The next chapter continues to present study findings looking at the vulnerability context of the ECs in Malawi with the prevailing socio-economic and governance issues and how they are impacting on the ECs role of care for OVCs.

Chapter 6 : Vulnerability of the elderly in Malawi

6.1 Introduction

This chapter uses the Sustainable Livelihood Framework (SLF) to organise the study findings in line with the research aims and objectives; for clarity, an adaptation of Scoones (1998) version of the SLF is used to do this. The first section identifies the specific national trends and shocks that have contributed to the increased vulnerability of elderly in the study area and examines how the elderly were coping with rapid change in the external environment (economic, agricultural ecological and political changes). The vulnerability context shapes and affects people's access to assets. This chapter presents a summary of finding on the impact of the major shocks and trends, on the various livelihood assets of the elderly – their land, human, financial, production and social capital and support networks. The chapter also reveals the transforming structures and processes in the study area and their impact on the elderly's livelihood strategies. The Chapter concludes by drawing the various livelihood strategies the elderly carers are using, that are together enabling their resilience. The chapter illustrates that while the national trends and shocks have impacted across the entire population in Malawi, the impact has been most strongly felt by elderly households due to their deteriorating earning potential and the high dependency ratios in EHH lacking labour-fit members to support them as they perform their role of care.

Figure 6-1: Sustainable Livelihood Framework (adapted from Scoones 1998)



6.2: Major trends in Malawi

There have been notable political- economic changes and its subsequent events that followed between 2004-2012 in the era of the Late President Dr. Bingu wa Mutharika's administration. These events had a negative effect on most Malawians especially those living in abject poverty. The following sections highlight those major events and their impact on the EHH.

6.2.1 Economic trends

Notable achievements were registered in Malawi, between 2004-2009, during the first term of the Late President Dr Bingu wa Muthalika. Poverty fell markedly and socio-economic indicators improved. Malawi registered economic growth of seven per cent and the country's micro-economic growth experienced stability (Vandemoortele and Bird, 2011; AFDB and OECD, 2010). Although the effect of this

economic growth had not trickled down to the majority of poor Malawians, prices for commodities were stable with prices for tobacco, the main export commodity of the country, fetching a higher price on the market. Following these success stories, the late President's government was re-elected 2009, this time with a majority of seats in parliament. During this second tenure of office (2009-2014), although he did not finish the term as he died in 2012, the late President decided to peg the local currency (the Malawi *Kwacha*) to the US Dollar, despite pressure from the International Monetary Fund (IMF) to devalue the local currency in order to boost Malawi's exports and reduce demand for imports. However, the government rejected the proposal amid fears that the IMF policy would increase inflation and cause too much suffering for the poor. This decision also coincided with the financial crisis that affected the global economy that began in 2008.

As a result of all these factors, the local currency, the Malawi *Kwacha* became overvalued with devastating consequences especially for the country's foreign exchange. For example, it led to a scarcity of foreign currency and a fall in demand for the main export commodity, tobacco. The country was unable to buy essential imported goods such as fuel/oil, and farm inputs. By 2011, the fuel crisis had reached its peak, which also affected the transportation of goods and services. At the time of the study, fuel became very scarce due to a lack of foreign currency for fuel importation. At the beginning of the study in February 2010, fuel prices were the equivalent of £1.50 per litre. Two months later the price had increased by 30 per cent. By June 2010, fuel was at £1.95. Traders took advantage of the situation by raising prices for most basic commodities. The price for basic commodities such as maize, sugar and soap went up by more than 50 per cent, while fuel prices rose by 30 per cent - pushing up public transport fares by about 40 per cent (GDN, 2012). There was no control of prices, especially in rural communities, as basic commodities became scarce.

The present study found that nearly all the households interviewed were continuing to feel the effects of unstable prices, that in large part resulted from the global recession and national economic crisis, with 80 per cent saying they were struggling to afford even the most basic commodities such paraffin, sugar, soap. Most of the elderly households had learnt to do without the most basic needs such as paraffin for lighting due to significant rise in prices; now most of them light some weeds to use to

just see where they can sleep and eat their porridge without sugar. For instance, the price for sugar went from the equivalent of 3 pence to 5.5 pence a packet. The elderly complained that there was no control of prices for basic goods. Every day was marked with a different price for basic goods:

“Just a few months ago I was able to buy a whole packet of 250g sugar when I could sell my vegetables and from my silo rentals. Now I can only afford to buy half a packet as the prices for sugar continue to rise almost every day. A few days ago I sent my son to buy soap with the same amount of money I had sent him with MK50.00 (£0.10pence) a week ago, now he came back to tell me that the price for soap had been raised to £0.15pence so that he needed me to give him more money. I did not have enough money to buy soap so I went there to ask if they could sell us half a bar of soap,” said Gogo Chime.

Most of the children were used to eating breakfast in the morning - porridge with sugar - before they lost their parents; now their grandparents cannot afford to buy a packet of sugar. Most of the ECs expressed feelings of helplessness and a lack of fulfilment in their lives as a result of not being able to meet the basic needs of the OVC in their care.

6.2.2 Changes in the agricultural market

Many of the EHHs in the study were subsistence farmers; a few households (e.g. Gogo Mercy and Gogo Chime) had small scale business or were involved in agribusiness and were able to cope with the rising prices signifying the importance of such assets in households to respond to price fluctuations.

However, prices for export commodities such as tobacco, which is the main export of the country, had gone down. As a result, most tobacco farmers in the area had abandoned tobacco farming and resorted to growing other domestic crops, like vegetables and peas. These are less laborious crops that are grown by most subsistence farmers, a large percentage of whom are the elderly. As a result of this, elderly vegetable growers are suffering from competition in the markets now that more commercial farmers have resorted to growing vegetables and tomatoes. They are applying chemical fertilisers and using quality seed, so that the leaf they are

producing is much better and healthier from the viewpoint of the buyers. Most ECs reported using recycled seed, inability to procure and apply chemical fertilizer or manure. Almost 70 per cent of the EC, who were also vegetable growers, expressed concern that when they took their vegetables to the market the customers prefer the much healthier and shinier commercially tamed exotic leaf.

This has a major impact for the EHH. For example, one EC reported that she used to sell her vegetables on market days and was able to buy sugar, salt, paraffin and fish for her family. Another also said she was able to buy clothes and pay tuition fees for her children. But now, since this competition began, she sees no point in going to the market to sell, she just consumes them at home. Gogo Chime had this to report:

“...I am a subsistence farmer; I grow maize, sugarcane and vegetables. I sell vegetables and sugarcane, which has been helping me to buy soap, sugar, salt and paraffin for the household. For the past 3 years tobacco sales fell, most of tobacco farmers switched to growing vegetables for sale. This has increased competition for market in Chiradzuru affecting my sales”

This scenario was shared by most (68 per cent) of the elderly cases that grow vegetables in the study area.

6.2.3 Local economy and un/underemployment

As stated earlier, the study found that a few of the EHH were still caring for their older children, ranging in age between 19-35 years, because of the lack of jobs and a lack of lending institutions to support them to start-up businesses. Many manufacturing companies (e.g. David Whitehead and Sons (DWS) were sold to private firms, those that were not able to sell were closed down such as Brown and Clapperton (B&C) and AGRIMAL, while the Agriculture Development and Marketing Corporation (ADMARC) that used to employ many unskilled labourers, were privatised due to the removal of government subsidies (Munthali, 2004). These were large companies that used to employ hundreds of thousands of unskilled labourers from the study area. A few households in this community had relied on employment from these companies, as Chiradzuru district is only 35km away from the commercial city of Blantyre, where these companies were based and, therefore, used to supply a high percentage of its labourers. Gogo Brian had worked as a casual labourer in

DWS for 23 years. Because of the nature of his contract, Gogo Brian retired without a pension and received a one-off long service payment, the equivalent of £12, when he was laid off in 2006. He used this money to buy goats and chickens to help him and his household. He has since relied on farming as his major livelihood.

The district also lacks small-scale business lending institutions which could support young men and women in embarking on small-scale businesses. At the time of the study, there were two lending institutions whose portfolio was less than 50 people in a population of about 297,529 (IHS 2010-2011). As a result, many young men were resorting to stealing livestock and crops in the field in order to make ends meet. Most of the victims were the elderly. At the time of the study, a large percentage of the elderly were found to be sleeping in the same room as their livestock as a way of safeguarding them from thieves. Gogo Sintha reported that her previous house had burned down three years ago because she had stored her harvest and livestock in her house. The house was thatched with grass and was set on fire close to midnight. As they fled the house, some men were routing their bags of maize and goats, as Gogo Sintha was rescuing her ill husband at the time.

6.2.4 Environmental/ Ecological changes

Rainfall was reported to be infrequent and irregular in the last decade (2001-2011), which affected subsistence farming, and persistent droughts had been reported in the study area. This has had a very negative impact on the livelihoods of subsistence farmers growing maize, pigeon peas, groundnuts, sweet potatoes, millet and cassava for a living. Most people in the area rely on subsistence farming for food crop production. With increasing droughts, food production had been minimal, pushing most household with productive age members to call on other livelihood strategies to address problems of food and financial insecurity.

Apart from the labour and farm inputs constraints, most elderly subsistence farmers reported that poor rainfall and degraded soils were major setbacks, as highlighted by Gogo Brian below:

“Since the year 2007-2008 cropping season, we have experienced very poor rainfall in this area. Rains have either been incessant, which has destroyed crops, or erratic, coming early and stopping early before crops have

matured. Droughts have been persistent in this area so much last year (2008-2009), and this year (2009-2010), so that most of the households in this area have had not enough food to take them all year through. For other farmers, who have no support with labour and race with the rain, they have experienced significantly low yields.”

The government agriculture officer for the area informed the researcher that the study area lies in a rain shadow zone³⁴. The area experiences frequent droughts affecting most of agriculture activities in the area. The study found that the farming practiced in Chiradzuru is rain fed. If the rains have not come as expected, farmers have to wait for the next growing season, which is November to March each year. Most of the subsistence farmers do not practice irrigation farming because the area lacks perennial rivers to support this. Six EHH reported that they have no land along the river streams to practice winter or irrigation farming, while two participants reported that most of their land along rivers and streams had been eroded due to a lack of vegetation cover to protect the soil. A few were able to do irrigation farming, where they had support to water the crops. The government official reported that the soil in the study area is degraded requiring manure or chemical fertilizer to produce crops.

6.2.5 Political trends-Freezing of donor aid

The late President Bingu wa Mutharika’s regime passed a number of laws, which were repressive to civil and human rights. Most human rights organisations protested against rights violations such as imprisonment of gay couples and the undermining of press freedoms through the harassment and sacking of reporters, and the burning of gay activists’ offices. This led to most international donors, on whom a large percentage of Malawi’s budget depends, such as DFID, EU, Africa Development Bank (ADB), the Government of Norway, and Germany, imposing sanctions on the Malawian government by freezing its aid; in 2010 DFID diverted its funding from government to NGOs (GDN, 2012; News Africa, 2012). International donors

34. Rain shadow zone is an area that receives less amount of rain, usually surrounded by hills and mountains.

intentions were that freezing of aid could put pressure on President Bingu's administration and force it to reconsider its human rights violations. As expected, these actions had a profound effect on public goods and services such as health care and the availability of fuel and farm inputs in Malawi, reported earlier in this chapter. The aid crisis also affected most of the hospitals and health centres in the country, which experienced an inadequate supply of drugs, while health personnel and teachers worked months without getting paid, which affected service delivery.

6.2.6 Impact of HIV/AIDS on EHH

Half of the ECs reported having either lost their savings, farm produce, or production capital to either thieves as a result of being away from home or selling off to meet the growing needs in the households with the coming in of a sick member and their children that the sickness and loss of their children had affected their livelihood activities. Abiti Jee's Oxen were stolen which she was using on her oxcart her now deceased son was bought for her in Johannesburg. Apart from helping her with ploughing on her farm, some villagers would hire it to use on their farm, she was making money from it. Alongside it she reported to have lost bags of maize due to her staying away from home for long periods to nurse the sick in hospital. Gogo Brian reported to have traded his bicycle to go to collect their daughter who they had heard that she had not been well as he reveals in this extract:

"We received news that our daughter had been unwell, we had no money at that time to travel so I traded my bicycle with money for me and my wife to go town to see her. She was not too well; unfortunately she had very young children and had separated from with her husband. We decided that we take her along with the children. When we came she was still not well and we were going to Chiradzuru hospital often. We decided to go to Nguludi paying hospital where we saw some improvement after spending in hospital close to two weeks. When we came back, I could not get money to redeem my bicycle; my daughter eventually dies after a few months. She had gone back to her work and started not feeling well again, the travel used up most of the money that we had to sell two he-goats and a few hens to be able to travel to town again. I was not able to give back the money to collect my bicycle, as

we speak now my bicycle is still with the shopkeeper I took money from,”
Gogo Brian,

Such narrations were quite common among the carers of OVCs in the study area. Only two cases highlighted that they were in the same state now as they had been before their children died, because they were already poor. However during the period of study food deficit had deteriorated further with increased number of household members. They could attribute their lack of food to neither sickness nor death of their children:

“The death of my two daughters has robbed me of their company, but not food reserves nor money. I was this poor even before they became ill and died. Both them and I relied on *ganyu* in other peoples’ fields to buy food, clothes etc. Years upon years we could not produce enough food to feed ourselves. Our time was spent in other people’s farms. We relied on neighbours support to get my daughter to hospital, and because I could not afford transport to take my other ill daughter to hospital, she died in the house. They were equally needy as both were not in marriage when they died,” said Gogo Ulemu.

Two cases stated that they were also responsible for the care of their own children with a physical disability, while one was also helping to care for her surviving daughter’s child who had cerebral palsy. The care of family members with conditions such as these limited the elderly’s access to other livelihood options that required them travelling such as initiation ceremonies and forest products enterprises.

6.3 Conclusion on Vulnerability of the elderly

This section has reported on the vulnerability of Chiradzuru district highlighting economic and ecological climate changes and its impact on most elderly households’ livelihoods. Of particular concern were the impact of droughts and the consequence of price fall for tobacco and its consequence of increasing competition on crops traditionally grown by subsistence farmers most of whom are women.

These have had a significant impact on the economic security of the ECs vegetable growers. The negative effect of closure of most companies in the study are affecting the surviving productive age due to high unemployment rates was discussed. The impact of bilateral donors' decision to suspend aid due to alleged human right violations by the Bingu administration was also highlighted in the section.

6.4 Assets in Elderly Headed Households

The section presents a summary of findings of the various livelihoods assets at the disposal of the elderly carers, what these assets amount to and how they are combining them to create a livelihood among the ECs. In particular, The roles played by various local and national institutions and organisations play in terms of enhancing or preventing the elderly from utilising their assets are then examined. Moser, (1998) assert that the number of livelihood assets which the household has at their disposal, and their ability to make use of them, contribute to better livelihood outcomes. The chapter finally looks at the livelihood outcomes achieved with these assets given the prevailing economic, ecological political and natural changes are then examined.

6.4.1 Natural capital

These are natural resource stocks from which resource flows and services useful for livelihoods are derived. They include resources such as, soil, water/rivers, environmental services- vegetation, forest products - wild fruits and genetic resources wildlife, and (Scoones, 1998; DFID 1999). These resources support the survival of households by providing crops, vegetation, water, bush meat and wild fruits which provide rural livelihoods resilience.

6.4.1.1 Land

Land is a major constraint in Chiradzuru district, due to a high population density which stands at 379 persons/square km (NSO, 2009), the highest population density in the country, higher than the national average of 139 persons per square kilometre. Inadequate land, coupled with persistent droughts and degraded soils due to

overuse, make most household food supplies insecure. Almost all the elderly interviewed reported having pieces of land, although the size of their landholdings varied. On average, 80 per cent of the elderly interviewed had less than a hectare of land. Only two of the elderly cases interviewed had land averaging 2.5 hectares. They were Gogo Sintha and Gogo Niya, whose positions as village headwomen may have played a significant part in terms of land acquisition. Land is allocated by chiefs to families in the area who, in turn, distribute portions of land to their children. In the cases of Gogo Niya and Gogo Sintha, their role as village headwomen (a role which was reported to have been passed down from previous generations), carries with it the responsibility for distributing land, and this inherited role must have ensured that their kin had an advantage in the allocation of land.

Gogo Rosie, for example, combined her garden with that formerly belonging to her deceased daughter to farm a total of 1.5 hectares. Although she has combined two plots of land she said they were always in food deficit; the land was degraded and, therefore, not productive unless fertilizer was applied. Apart from Gogo Rose, Gogo Braima, Gogo Sintha, Gogo Alice had also combined their deceased daughters gardens, however, apart from Abiti Jee mentioned above, Gogo Sintha and Gogo Braima were also unable to use the land and led to encroachment by mostly distant family members and those they shared boundaries with.

As earlier stated, Chiradzuru district is a matrilineal society where descent is traced through the biological mother, therefore, women in Chiradzuru district own land allocated to them by their kin family. When they get married, the man, together with his wife, will cultivate the woman's allocated land. Whenever the wife dies, the land remains the property of the maternal kin who decide how it will be redistributed to the deceased's children. Gogo Rosie is just a custodian of her deceased daughter's land, which will eventually be redistributed to the surviving girl grandchildren. Gogo Rosie said it was usually the girl children, because the boys will go away and marry somewhere else and will, hence, be eligible to use the portion of land from the wife they will marry. This is the reason why Gogo Rosie got back the land which her deceased daughter was using. It means the land will be distributed to the four girl children, though it doesn't matter in what amounts, as this land is far too small for even one girl.

Abiti Jee on the other hand, reported that, because of mobility problems rather than inheritance issues, she was not able to use her 1.5 hectares of land. She reported that, because of this, she lent the land to a couple in the village for fear that if she left it idle, people will encroach and eventually own it. She had agreed that the couple should pay her rent for the land. However, she was concerned that the couple would not meet the rent on the land. When she summoned them to give back the land, after they had harvested the crops, she realised the following year that someone had cultivated the land and it was ready for planting. She reported the issue to the Committee that looks at elderly abuse cases and village headman. At the time of the study, she had not heard from the village headman. Also reported within the EC FG, was the problem that, due to failing health, they were unable to cultivate on the entire piece of their land, despite it being small. It was also noted that people are taking advantage of this situation to encroach on the land.

6.4.1.2 Forests

It was obvious to the eye that the area lacks forest reserves, where the community could benefit from timber products, for cooking and construction purposes, and other forest products, such as edible wild fruits, tubers and wild animals in times of food unavailability.

Gogo Alice, for example, bemoaned the loss of forest trees in the area, which were used to construct shelter. Most of the land lies bare. There are a few fruit trees, but these have experienced heavy pruning for firewood and for repairing and building new houses. There are reforestation initiatives in the area, however a few of the elderly interviewed reported not participating, for the reason cited earlier in the chapter. The trees around most of the compounds are tropical fruit trees such as mangoes, papayas and avocado pears. The study found that, during the years when the area had good rain, 90 per cent of the cases interviewed could harvest much fruit and were able to sell the surplus and use the proceeds to buy fish, salt, soap, and even clothes. The poor rainfall pattern has negatively affected the fruit production, which has had a significant impact on most of the ECs and on their household financial status.

The scarcity of trees has also forced households to turn to maize stalks and pigeon pea stalks for firewood, which hitherto most poor households used to prepare compost manure. Nearly all the elderly cases interviewed had no individual woodlots. Most cases revealed that the trees had been cut for charcoal and fuel wood. Apart from local use, the study area had experienced a growth of charcoal and firewood traders, who had been felling trees without replacing them, until the government introduced forest user fees in the 1980s (Kamanga et al., 2004). The ADC FG revealed that, although there were forest guards in Chiradzuru Mountain to enforce user charges, most of them were taking bribes from the charcoal sellers, to give them free passage to cut trees, while others were using traditional medicine to ensure they were not to be caught, because that was their livelihood, as is revealed from this extract:

“The government tried to put measures by employing forest guards who were seizing charcoal bags from charcoal traders as well as fire wood; but with time these charcoal sellers revised their strategy and started to use “*juju*” to escape the forest guards, while others were bribing the guard. We still were able to witness some smoke and fire in the mountain signifying that someone was burning charcoal even in the presence of forest guards,” said an ADC FG Member.

Most inhabitants of the area have, over the years, relied on the charcoal business, selling charcoal to residents of the commercial city of Blantyre and its surrounding districts as a livelihood supplement to farming which has suffered due to land degradation.

6.4.1.3 Grazing land

Finding open land for grazing animals and fetching grass for roofing have also been a challenge. A few elderly households were not considered for goat revolving loans (see section 6.3.6 for details) for lack of access to grazing area. Patches of grass were used either to thatch houses or feed animals in the area, for example, and were protected by the few people who had it in their gardens. The rest have to travel long distances to Mozambique in order to fetch grass for thatching.

6.4.1.4 Wildlife and wild foods

Most of the elderly lamented the disappearance of forests, which they agreed were a source of wild fruits, tubers and herbs that they had resorted to eating in times when they had no other food. Gogo Alice shared with the researcher how difficult it will be for her and her children when the maize they had, at the time of the study, would be depleted. She informed the researchers that, when they had forests, most households would go there to fetch forest products that were edible and survive on them. Gogo Brian said,

“...we used to hear hyenas row, so many wild birds, now you hardly hear any of these, they were all hunted by us. Now, in times of hunger, we have no forest to run to, to get even wild foods to survive. This is why you see most orphans from here are in the city begging, because most of the survival mechanisms in the villages have been used up.”

This was echoed by the ADC focus group that they used to survive from eating wild herbs, fruit, tubers, even roots. Hunting for mice, rabbits and birds for food was also common in villages in Malawi, however, with the absence of grass and forests there is no habitat for mice and birds.

6.4.1.5 Water resources

The study also found that rivers and streams were significantly dry, owing to droughts and lack of vegetation cover in the study area. There were a few swamps here and there, which the elderly carers reported had affected pot irrigation farming. Pot irrigation farming is commonly practised by women and the elderly in particular, where vegetables are grown for food and sale. Most of the households that grow vegetables have able bodied members who can transport water to irrigate their crops. Only a few of the elderly (Gogo Sintha, Abiti Jee, Gogo Niya and Gogo Chime) have access to land near the rivers where they were able to grow vegetables and sugarcane for food and for sale. Again, the rivers and dams dry up so quickly because of irrigation farming that is exacerbated by droughts and the lack of sufficient vegetation cover to retain water in the area.

Most of the elderly indicated that relish³⁵ is another big challenge they find difficult. Most occasions they soaked and then boiled corn for food after the rain-fed vegetable season is over and they have depleted their preserved vegetables. This poor nutritional situation is likely to deprive both the ECs and the children in their care of important vitamins which increase the body's immune system. Although nutrition was beyond the scope of this study, nonetheless, the elderly, and indeed most poor households, are finding it difficult to provide care because of a lack of available food sources.

35. Vegetable, bean, fish etc soups that goes with corn hard porridge locally called (*Nsima*) Malawi's staple food

6.4.2 Physical or production capital

Physical and production assets are the basic infrastructure and producer goods that are either desirable, or required, in order to support livelihoods. These are such things as roads, buildings, transport, energy, tools and equipment (such as ox carts), access to information, bakery equipment, and grinding mills, that are used by households to generate a livelihood (Kollmair and Juli, 2002). DFID (1999) includes the following categories, essential for sustainable livelihoods, under physical capital: “secure shelter and buildings; adequate water supply and sanitation; clean, affordable energy; and access to information (communications).” This study also sought to find out what physical or production capital was at the disposal of the ECs’ households and community, which they were able to use to make a livelihood.

In the study area, public transport was erratic, due to impassable roads in rainy season and a lack of grading of the roads. Poor terrain in the study area makes push bicycles (the most available modes of transport) unaffordable by most elderly with no stable income source. Muula and others in their study in Malawi found that most EHH lack wage earning members to support meeting transport needs (Muula et al., 2007) while Mtika’s study (2001) in Malawi found that that rural women spent more money on transport due to long distances they travel to access health facilities.

Lack of adequately roofed houses among the elderly interviewed was quite common, which were identified in seven of the ten households observed. They all emphasized the rainy nights as being dreadful. Most of the households interviewed, with the exception of three, were grass thatched. Observation of the inside and outside of the houses revealed potholes at the veranda and on inside floors, the walls were also marked with dripping water, all of which were evidence of leaking roofs during rainy season. There were incidences of disruptive nights where elderly carers revealed squeezing in one corner of the house until the rain stopped and the household members were able to reorganise themselves to sleep. The study also found that there had been no one to help Gogo Sintha build a new structure when her old one collapsed during rains. She described how she has to rely on a nearby river for ablution facilities every day. Although Gogo Sintha is a village headwoman she has not used her power to get villagers build her a toilet. She and her OVCs have to bath in the river or relieve themselves behind her house. The compound was filthy;

smelling of urine with flies flying all over the compound. As an elderly woman, in poor health, she cannot build herself a toilet and would, therefore, normally have had to rely on able-bodied family members to help support her, but these are unfortunately not there anymore to help. Gogo Sintha is not the only one in this situation; Gogo Alice and Gogo Ulemu too lack amenities such as a bathroom and toilet. They too use behind the house to relieve themselves and go to the river to bathe. They have houses that leak and the environment around their households are equally filthy.

In Malawi, fuel wood is a primary source of energy for domestic purposes (Madubansi 2007; Kamanga et al, 2004). The lack of fuel wood in the study area had increased the distance women had to travel to fetch fuel wood. For the elderly, especially those with mobility problems, the situation has altered their dietary habits as they have had to seek alternative foods which do not require a lot of fuel wood to cook, affecting their nutrition. In most rural communities, and indeed most poor households in Malawi, the tendency to preserve food such as drying vegetables and legumes for future use is high. These usually require more time to cook, using a lot of fuel energy. Most EHH reported changes in eating habits due to lack of fuel wood.

Instead of wood, the researcher observed a use of maize stalks as fuel for cooking in nearly all households. This use of maize stalks as a source of wood for fuel is the result of the depletion of forests and the cutting down of trees, as the inhabitants opened up new land for cultivation, and for fuel wood and charcoal for sale to neighbouring residents in the city of Blantyre. As it was harvest season, it was a common sight at every household to see maize stalks piled up on the kitchen verandas to preserve them for fuel.

Gogo Chime, Gogo Sintha, Abiti Jee and Gogo Niya reported having used pieces of land - which they were now unable to plough - as production capital, by renting them out to other farmers. Through observation, households that had some production capital and made use of it, such as Gogo Mercy and Gogo Chime, were relatively better off in terms of food security.

However, as the price of farm inputs, such as chemical fertilizers and seed, have risen in response to the economic crisis mentioned earlier, most of the elderly interviewed for this study indicated that they could not purchase an adequate amount of fertilizer even though it was subsidised. Most of them had used recycled seed

saved from the previous season, which was not enough to cover the cultivated portions of farms. Most study participants indicated that they had been forced to send someone to fetch fertilizer several times; on most occasions supplies of fertilizer had run out when they were in the queue. The government was unable to buy enough fertilizer due to inadequate foreign exchange with significant consequences for subsistence farmers. This has affected most poor households' crop production and consequently food availability as most farmers in the study area use chemical fertilizers and improved seed varieties to boost their yields.

6.4.3 Financial capital

Financial capital is savings, credit and regular cash inflows that a household may have access to (Kollmair and Juli, 2002); this also includes livestock (DFID 1999). As difficult as it was to catalogue the production capital that a household had, it was nothing compared with getting the elderly to divulge information related to their savings. This is understandable, as most people are unwilling to discuss such issues with strangers. However, most cases were able to reveal their expenditures and how strenuous they found them. Most of the elderly interviewed said they had no savings, nor bank accounts, as they found no reason to open them as they had no extra money to save.

There was a conspicuous absence of livestock in most households: only three study participants had livestock, ranging from one to two goats and two to five chickens. Most of the elderly had no livestock to provide manure on their farms; for those that had livestock, the number of livestock was too small in number to provide manure for their farms. Only one household, out of the ten, was participating in the livestock revolving loan fund (see section 6.3.6) as they had children old enough to take the animals to grazing lands.

Box 6.1 Gogo Ulemu's livestock

Gogo Ulemu shared how her husband and herself were both losing strength to farm from problems ranging from breathing problems, back pain to poor vision. The family had one goat and one hen (which was hatching eggs at the time of the study), which she keeps inside the house with her. They cannot keep them outside for fear of thieves in the area. The livestock belonged to their late son who died seven months earlier. When asked if they would sell their livestock when their food stocks are depleted, Gogo Ulemu refused saying they had sentimental value, reminding the family of their deceased son.

Loss of earning power from market employment as well as engaging in small scale business to earn an income was the major concern for most of the ECs. According to the Chiradzuru District Socio-economic profile, the study area lacks credit institutions to support small scale business (CZ Socio-economic profile, 2009-2011). The few that are there did not target the elderly largely due to their perceived high default rate. Other studies found that the elderly are discriminated from access to such initiatives that are meant to uplift their households (Kazeze, 2007; Nyamukapa and Gregson, 2005; Veenstra and Luginaah, 2005).

As described in more detail below (section 6.3.3.5), the study found that Save the Children Fund (SCF), an NGO, is involved in the study area in building the capacity of the rural community to save money and lend to each other within groups. However, most ECs are not taking part in this project, for the reasons highlighted above, and most of them could not raise the groups' membership money, amounting to K50 (the equivalent of 1 Pence), nor the monthly contributions called shares, which are based on how much a member wanted to have as shares in the group account. For most ECs this was far beyond what they could afford, and so most of them were not able to join. Gogo Mercy was an exception: she belongs to a church group of women, where they run a revolving loan fund. Each month the group contributes money and one woman borrows the money to use for a small business; a system locally known as '*chiperegany*'. Gogo Mercy is better off than other ECs of her age. With the funds she gets from this group, she spends most of the time

earning something for the family; she mixes doughnuts at night and fries them very early in the morning. She has customers who come early in the morning to buy them for their breakfast. She and the children look quite healthy physically. They eat two meals a day.

6.4.4 Human Capital

Human capital is the accumulation of the skills, knowledge, and ability to labour and level of health that collectively enable people to chase diverse livelihood strategies and achieve their livelihood goals (DFID, 2000). Human capital in nearly all elderly headed households is the most pressing need, and it is also the most decisive factor in being able to utilise the other livelihood assets (Morse et al., 2009). Under human capital, the researcher sought to identify skills, knowledge, health of the carer and OVC, age range for OVCs and the age of carer in the EHs caring for OVCs that the elderly were able to tap into.

6.4.4.1 Skills and experiences

The researcher found seven of the ten ECs interviewed had no other skills apart from farming. Only a few households had entrepreneurial skills to supplement subsistence farming, while most of those who had trading skills lacked financial capital to engage in small scale enterprise. The few elderly who had other skills to raise income (from trading, under-five child health monitoring and counselling young mothers, for example) were limited in their ability to participate in those skills because of their caring role. Caring of young OVCs had limited the capacity to pursue livelihoods for younger ECs:

“I had worked as a Health Surveillance Assistant for the local Health Centre for twenty two years, assisting the weighing of children under five and distributing *Likuni Phala*.³⁶ I was also working on a tobacco farm grading tobacco leaves and winnowing maize. These jobs used to pay the labourers

36. A nutritious soya bean and corn flour mixture that is popular in Malawi to make porridge for growing children and sick adults needing supplementary food

on my farm and buy chemical fertilizers for my farm. As an HSA I was getting allowances through training sessions and seminars I was participating in. Since February, 2010, when my daughter passed away, I was forced to give up both jobs to take over the responsibility as a sole carer of the children she had left behind. It is quite difficult now to get money. My daughter did not leave anything. She was unable to prepare as she died a sudden death,” said Gogo Alice.

6.4.4.2 Age of the carer and age of OVCs

In three households with older OVCs (ranging in age from 11 to 16) and surviving children, these children were playing instrumental roles within the households. A few older OVCs provided labour on the farm, as well as being engaged in supportive roles, such as domestic chores. The elderly in these households were not kept very busy with child care, as the children were old enough to do most of the activities by themselves. These children were also engaged in gainful activities like hiring out their labour for money or food and bringing in food to the households. Abiti Jee, Gogo Mercy and Gogo Rosie all reported that their children were hiring out their labour for food and money to benefit the entire household. The children would go out to glean harvested gardens and would either sell that corn or bring the corn home for food, depending on the need at that time. The ECs were grateful for these children’s efforts. It was apparent that there is reciprocity between the two generations in a few households where the OVCs are proactive in their own survival. The older carers provide space and a parental figure, while the OVCs provide not only company, safety and security, but also support the entire household.

Children, aged nine to twelve, were also expected to play their part in contributing to their household survival. There were several children in this age group, who were engaged in activities that would prevent them from destitution, such as hiring out their labour and the community would also give them piece jobs to perform. It was less easy to get *ganyu* opportunities by younger OVCs and female OVCs than it was for older OVCs and male OVCs. Households with younger OVCs, such as Gogo Alice’s, experienced persistent food shortages over time. While she has generally

good health and is physically capable, the opportunities that enabled her to earn an income remain inaccessible, due to childcare.

The study also found that not all older OVCs were making their labour available for use for productive output in the household and were said to be out of the control of their carers. Out of ten ECs, four ECs reported that their older children were reluctant to provide labour in their households. They made money out of hiring out their labour but would use the money to satisfy their own personal interests, such as to pay to watch a video, and buy themselves “*kanyenya*”, a take away. Abiti Brahima’s case was the same; she reported that once in a while the children in her care (Tuji 14, and Sula, 12) would bring money home to benefit the entire household, but most of the time they would make money and not bring anything home.

6.4.4.3 Education of the OVCs

However, correlating the older OVCs labour contribution with the performance and attendance of the same children in school revealed that they were absent from school most of the time. Ganizani 14, and Milly 12, Gogo Ulemu and Gogo Ibrahim’s grandchildren, had not attended school for a few months, and this goes on every week for two other ECs. Malizani 14, and Useni 16, Abiti Jee’s great grandchildren, were absent for four of the twelve weeks of school for various reasons, ranging from looking for grass to thatch their house, hiring out their labour in order to buy shorts for school and food, and a lack of presentable clothes to wear to school.

Older OVCs also missed school for other reasons. For instance, a few cases revealed having arrears for school tuition. As a result, their children in high school, where they are required to pay tuition, were forced to drop out for non-payment of fees. Gogo Sintha, Abiti Jee, and four of the six members of the EC FG, had their children drop out of high school because they were unable to pay tuition fees. Most of them reported having started high school but, when they were asked to pay and failed to produce the money, the schools sent them away to their homes. Since then, they had not been able to return to school as their carers had not managed to raise the tuition fees.

Other reasons for missing school included nursing a grandparent who was not feeling well, or that they were busy meeting the immediate food needs of the

household, often doing jobs that were physically more demanding than their age allowed.

The study found, from school records, that there was no difference between double orphans and single orphans as far as missing school was concerned. Both categories were involved in hiring out their labour for food and money because, on average, a few of their paternal kin were not playing a significant role in supporting them, probably due to the fact that they were equally needy.

6.4.4.4 Poor physical health

Another aspect affecting the elderly's human capital was poor physical health, which affects their capability to engage in activities that would, otherwise, have met the basic needs of the household. As highlighted earlier, most of the elderly interviewed have underlying health problems ranging from arthritis, vision problems, hearing and cognitive problems. Abiti Jee, 88, for example, no longer grows vegetables as her garden is very far away. She cannot make it to her garden because of arthritis, which has affected both her knees. Such health problems restrict those with the conditions from carrying out gainful activities, such as working on a farm or seeking gainful employment. These persistent low abilities over time and the added responsibility of caring for OVCs as principal carers, was accelerating their poor health and adversely affecting their well-being. The ECs ate poorly due to inadequate food and have less energy for engaging actively in food production. This is the reason *ganyu* opportunities were not given to a few of them - pushing them to a vicious cycle of food insecurity.

They were also restricted in their ability to maintain their health due to issues of access to health centres and hospitals. Health facilities in the study area were sparsely situated as earlier stated and poor public transport made access difficult. During the study in 2011 most interviews carried out - both locally and at national level with the ECs, the ADC, FGD, the Key Informants and the ME&PD reported that there were no known old age friendly health services in Malawi. Distances to health centres were prohibitive, and, as highlighted by the ECs, health workers' age-related discrimination affects the elderly's health seeking behaviour, contributing to deterioration in their health. Organisations supporting elderly issues in Malawi

reported lobbying with parliamentarians for a bill to be passed on mainstreaming older people's health into the general health policy and the creation of elderly friendly services and mobile clinics (Interviews: Director, Elderly Association of Malawi (EAM); Regional Coordinator, The community of St. Egidio). Even those households with adequate cash inflow were unable to obtain health care from a fee paying Roman Catholic mission hospital in the district: none of the elderly interviewed indicated having used the service, due to distance and a lack of user fees. Nonetheless, there was inequity in access to basic health care, although equity in access is compounded by various factors such as unreliability of the local health centres and mobility constraints. A few of the elderly indicated self-treating their children and themselves, using over the counter drugs and traditional medicines when they were ill.

The role of caring for OVCs was, in itself, a huge task for most of the elderly. However, caring for OVCs with long term health conditions made it even worse. Gogo Mercy and Gogo Sintha were caring for OVCs who had long term health conditions. Gogo Mercy was caring for Lorie, her seven year old grandniece, who has been in and out of hospital, sometimes twice a month. The lives of the ECs in question revolve around the sickly children. Before she fostered her OVCs, Gogo Mercy used to be involved in village development groups, which would send her to represent the village in training sessions. With the coming of the OVCs, she can no longer get involved as much, especially with having to care for Lorie. The same scenario was shared by Gogo Sintha who cares for nine year old Thana, who is also HIV positive. At the time of the study, Thana had a high fever; was given some malaria tablets that were left over from by her aunt when she had malaria. Gogo Sintha was waiting for Thana's aunt who had travelled to come back and take the child to hospital. She administered malaria treatment as first aid. Self-medicating was found to be common among the ECs with mobility problems who had a caring role of OVCs. From observation, there were clear signs of resignation and pessimism about life in Gogo Sintha.

6.4.5 Social capital and social support networks

According to World Bank (2003), social capital generated by families is used among the poor to insure themselves against shocks such as ill health, inclement weather, death, and government cutbacks. The most significant social network of support found by the study was the extended family unit, which played an important role in providing physical, social and psychological support. They pool together such resources such as food, child care and credit to start up small enterprises to increase their income. However, poverty in the study area was limiting this support as every household had been affected by the ecological and economic changes in the study area that had affected food production and economic security of households.

Chapter five identified how important social networks were to ensure family and community level support through participation, exchange and reciprocity in key life events. Although it was not the case with all elderly carers' families, most of the families in the study area still offer support for each other in times of need. A few elderly carers were still relying on their families, friends and neighbours for such things as food needs as well as during sickness and deaths. A few elderly also cited old friends as being instrumental in support through their regular visits and sometimes a plate of corn flour.

Most of the elderly cases interviewed, however, especially those with very young OVCs 2-7 years of age, expressed feelings of loneliness and isolation and that they felt forgotten by members of their kin and the wider community, as revealed from this interview extract:

“Since I lost my four children, I feel the world has turned over me, my children were my source of strength and support. Now, no one visits us. Those people who used to visit my children, who I came to know through them, my children’s in-laws, friends, my own friends, who were sometimes bringing me sugar, soap, even clothes. Since my children died, slowly this network of friends and family started to die. Now they no longer come, it is like the world has turned it face away from me...,” said Gogo Ulemu.

This was also observed more generally during the study. Most of the elderly households which had lost nearly all children, as well as those whose older grandchildren lived elsewhere, were isolated. This was also observed during

interviews that for most of them even neighbours were hardly coming around to give moral support. Other households with available older children around the compounds were characterized by neighbours and young children coming to give their moral support during data collection, others even asking if they could also get a chance to be interviewed as well. However, in some EHHs, for example in Gogo Ulemu's, Gogo Niya's and Gogo Alice's households, this was not the case. There were no neighbours or children around, which was quite unusual, because in other households, like Gogo Rosie's, Gogo Brian's, Gogo Abiti Jee's, Gogo Chime's and Abiti Braima's, the researcher had to ask the crowds to disperse in order to carry out the interviews. Children, girls and boys and women constantly gathered around to listen to the proceedings. This was not the case in isolated households.

6.5 Transforming Structures and Processes

There are many types of overlapping and conflicting processes operating at a variety of levels which have a central position in people's livelihoods and directly feed back to the vulnerability context of people (Sen, 1981). These are rooted in policies, legislation and institutions, but also culture and power relations. This study wanted to find out which policies, organisations, and institutions are supporting the ECs in their caring role of OVCs, by interviewing government, NGOs, and institutional representatives at local levels, the findings of which are recorded below.

6.5.1 The Marriage system and Customs in Death

In Chapter 5 the study has reported on the findings of the impact of the matrilineal decendancy and death customs and beliefs of most families interviewed and their impact on the elderly's livelihoods. These represent the culture and power relations highlighted above as contributing to significant impact on the elderly see section 5.2, under fostering and 5.4.1 under Inheritance. Suffice to say that due to overlapping on these issues and their impact on the elderly's experiences in their role of care, it was necessary to link them. However, the study found that matrilineal culture has an impact on the loss of labour in the maternal family in the event of the maternal death. This study agrees to a certain extent with the study conducted by Putter in 2003 in Malawi which found that matrilineal kinship protects OVCs under the strain of HIV,

because in most of the study participants, the children retained the land left behind by their deceased parent/s. However, overtime, due to the many deaths of siblings in most of the families in matrilineal kinship, coping with orphans has been a challenge. A significant number of orphans are being left to be cared for by mostly those kinship members with fewer capabilities to support the children. In cases where children are young, usually surviving female members most of who are elderly members of the kin family have been preferred to care for the young orphans while the older orphans have been scrambled by surviving uncles and aunts to help with child care and livelihood responsibilities in exchange for a roof, scholarships in terms of tuition fees, and material resources. Therefore, the age and gender of the orphans are an important factor in deciding adoption of orphans. As the widower is sent away leaving his children to be cared for by mostly elderly members, there is a labour vacuum although there is land available to sustain the children. Where land has been rented out as a livelihood strategy, most tenants were reported to have defaulted, while others were unable to quit the land taking advantage of the elderly vulnerable position. In Malawi most of the land in rural areas is customary land which is distributed by village headmen to families called '*banja*'. This land is not leased as such it is difficult to claim it, if there has been an encroachment to the land. According to Mbaya (2002) most rural areas of Malawi, the principle of 'use it or lose it' is practised due to land pressure. Threats to loss of land for non-use regardless of reason are quite common affecting households devastated by HIV/AIDS, who have significant losses of labour. Most of the maternal grandparents reported to have inherited orphans, but lost the labour of the paternal parents where the maternal parent was the first to die. This is due to the sending away of the paternal parent in the event of maternal death, thus double loss of labour of both the deceased parent and the surviving parents. This, for most participants, resulted in the loss of child care support, thus leaving mostly the responsibility of care to older carers affecting child support. The decision makers (uncles and Aunts) were reported to make the decisions, while the responsibility of the care for the OVCs was handed to the elderly with no much support. Most of them were limited due to either economically, and physically to extend support. According to Chirwa, (2002) the degree of success to care for orphans depends on economic resources, the material capability of surviving kinship members to take in orphans along with the proper allocation and provision of

resources necessary for their well-being. HIV/AIDS in the study area has left a few families and communities struggling to accommodate many orphans who are in dire need of food, apart from other material support which they, themselves are not able to provide to their own household members. The carers in this study expressed their own need of physical, material and psycho-social support and doubted their ability to extend support to what they themselves desired - the emotional support. For a few carers, there was social support capacity from family members and communities to socialise orphans with social and cultural skills necessary for the present and future, something which was also found in Kayongo-Male's study in 1984 in Kenya (Kayongo-Male, 1984 in Abebe & Aase, 2007), but not on the much needed material resources. To argue that the matrilineal kinship protect orphans under the strain of HIV, (due to the fact that there is no property grabbing) is thus not the same as to argue that matrilineal system is successful at protecting children, relatively speaking, it means the system is resilient. Although children may not experience property grabbing, most children will have inadequate land on which to farm due to the lack of use of their deceased parents' land which is now open to encroachment. Apart from that, it was also evident in a few cases in this study a process of social reconfiguration where a few patrilineal kin were caring for OVCs that could have otherwise be cared for in matrilineal kinship. This was also found in an earlier study conducted by Mutangadura in Malawi in, 2010 in Southern Malawi and in a study among the Langi patrilineal kinship decendancy in Uganda (Oleke et al., 2007). The danger is, taking away the children from where their land is, is likely to contribute to losing their land at their matrimonial home.

6.5.2 Death Customs and Beliefs

One elderly reported that she had to keep her deceased daughter's house against her traditional custom of pulling down the house structure when the owner of the house has died. Gogo Alice did not want to be stranded with the children as she did not have adequate space to house her and her four fostered children. Several participants pointed to the ruins of their deceased daughters' houses that were pulled down upon the death of their adult children. Gogo Alice reported that, it is believed that leaving the house and especially using the house invites the spirit of

the dead owner to come at night and torment the residents, more details are reported in section 5.4.1.

6.5.3 Organisations policies and strategies for supporting the elderly in Malawi

6.5.3.1 Ministry of the Elderly and People with Disabilities

The study found that, in 2006, the now deceased president Dr Bingu wa Muthalika set up a Ministry to look into the affairs of the elderly in Malawi. The ministry was in the process of drafting a policy for the support of the elderly at the time of the study, so there were no proactive projects in the ministry. Whatever they were doing was reactive in nature. The study found that the ministry had been established as a result of a survey conducted by HelpAge International on Social Pensions in Malawi, which recommended that it was feasible to start a social pension for the elderly. In 2007, DFID pledged to support the Malawi government with funding for ten years while Malawi prepares to take over. But UNICEF, being an advocate for children, and realising how the elderly are suffering the effects of HIV/AIDS in their care of orphans, disapproved of social pensions, opting instead for social cash transfers, so that the children in the EHH would also benefit.

The ministry recorded underfunding with most of the budget going to meet administrative costs, less for policy development. They highlighted the need to learn from other countries about how they are supporting older people. However, a budgetary constraint was a major setback in the ministry. The study generally found a lack of coordination between the ministry and other local NGOs aimed at supporting the elderly in Malawi.

6.5.3.2 Ministry of Community Services and Social Welfare in Chiradzuru District

The District Social Welfare Office (DSWO) in Chiradzuru has eighty two Community Based Organizations (CBOs). These are charged with the responsibility to recommend vulnerable families who need assistance in Chiradzuru district by making recommendations to the DSWO. They assess the gravity of the problems in

terms of existing sustainable coping strategies (e.g. remittances, number of working or productive children that the elderly have as well as current socio-economic activities) for and by the elderly, in order to determine if there is a real need to help such individuals. Any elderly person who has working children that provide some form of assistance is not eligible to get into such a programme, unless the intervention is targeting the general population or all the elderly. The DSWO keeps records of these households so that when an organisation is looking for information of vulnerable households, they provide this information.

Projects set up by the DSWO to support the Elderly in the District include:

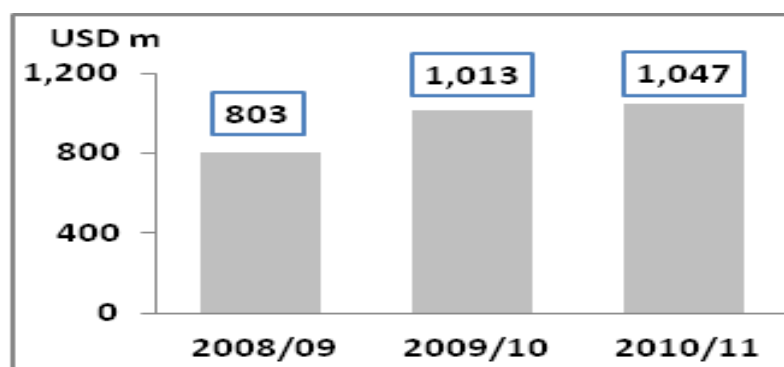
- Community Based Victim Support Units (CBVSUs), which are currently being funded and supported by UNICEF. The programmes are designed to assist communities in curbing violence and discrimination directed against the elderly, women and children. The CBVSUs work by encouraging victims to report cases of violence and abuse to authorities while the committees provide victims with security and support. The challenge they have is that most victims especially the elderly and children do not report abuse because of fear of their abusers and that they have no buildings/homes to use to protect victims from their abusers.
- Child Protection Workers (CPWs) identify issues affecting children and the elderly. CPWs are empowered to handle cases in the communities, and also entrusted to sensitize and orient communities on human rights and their responsibilities on matters which transform or distort the citizenry's view of elderly members of their society.

These two CBOs act as referral points to the appropriate channels of assistance to victims. Delicate cases are referred to higher authorities, such as legal courts, and human rights practitioners at district or national level. The Police, Community Development workers, and the DSWO, are the major partners in the running of the CBVSUs and CPWs. Due to the existence of these localized structures, the DSWO were receiving only a few cases of victimization from communities, as most cases were being resolved at the local level. However, there was poor reporting of accusations of witchcraft by most of the elderly, as they fear being bullied further by perpetrators, most of whom were family members.

The study also learnt of the Public Assistance Programme (PAP) also known as Public Works Programme (PWP), which was vital in safeguarding the wellbeing of poor households people like the elderly and OVCs and communities. The PWP was a component of the Malawi Social Action Fund (MASAF) one of the Governments' poverty reduction strategy safety net scheme (World Bank undated; EuropeAID 2005-2009 Report). The programme was conceived from the premise that the majority of the rural population in the country derives their livelihood through subsistence farming. Given the low land productivity, small landholding and traditional agricultural practices, their crop production is inadequate to meet household basic food needs. It is hard from the low production of the poor households to generate surplus for sale to mobilise savings to procure farm inputs such as high yielding maize seeds and fertilisers. As stated earlier in the chapter, the community in Chiradzuru has limited access to credit to finance these purchases. The result is a vicious poverty cycle of poverty and food resources. Well over 60% of total households in Malawi are food insecure and have insufficient income in cash and in kind to purchase 200 kilogrammes of maize per person per year. Opportunities to earn off-farm incomes are also limited (World Bank undated; Europe Aid 2005-2009 Report). Off-farm options for coping with poverty are limited for most poor households such as the EHHs. From the situation of economic vulnerability, poor households are often unable to participate in development initiatives available in the country. This called for the government of Malawi through MASAF to come up with Public Works programme in 1990 to address a critical need for access roads and bridges in most rural to facilitate poor households in rural areas to engage in trading opportunities. The target for the PWP were poor households and communities to support a programme of labour intensive construction activities to build infrastructure such as public roads and bridges for cash which poor households used to purchase supplementary food stocks, farm inputs and set up income generating projects (World Bank Report, 2001). None of the elderly in this study reported were not able to participate in this programme due to various reasons their physical capacity, non-selection due to age, targeting the strong able-bodied as well as self-elimination. A few of them were caring for orphans at the time. An interview with the Assistant to the Director in the Economic planning and Development ministry reported the presence of the PAP which had been running to support

vulnerable populations since 1990. The programme ran between 1990's- 2006 and eventually got replaced by the Social Cash Transfer (SCT) scheme, operating within the Social Protection Programme. The PWP was implemented in the study area where vulnerable households were working on the designated roads for cash. The Assistant Director explained that the programme was being implemented through Malawi Social Action Fund (MASAF) and benefitted the poor with cash they used to procure farm inputs and food during food lean periods. Although the PWP was replaced by the Social Cash Transfer programme, the Assistant Director of EP&D reported that the SCT scheme was not being implemented in the study area as it was currently being piloted in seven districts. He was not sure when SCT will be rolled out to Chiradzuru district, the study area. Despite the exclusion of most of the elderly carers from social support programmes, Malawi has consistently had more grant assistance than loans: in 2010 according to DAC statistics 7% of total Overseas Development Assistance (ODA) gross disbursements were loans, 93% grants. Between 2004-2010 net external aid flows to Malawi have averaged about USD 753 million a year. In 2009-2010 overseas grants and loans amounted to USD 1,013 million (refer to Figure 6.2below). The major donors in 2010, in terms of gross disbursements were UK, World Bank, US, Japan, Norway, Global Fund, Germany, AfDF and IMF. The in-country collected aid data reported USD 1,047 million disbursed in 2010/11. Variances in the two sources arise from differences in the donors and type of donor aid reported (Malawi Aid Atlas 2010/11 (draft)).

Figure 6-2 ODA (grants and loans) from all donors to Malawi, 2008/09-2010/11 according to AMP data



Source: Malawi Aid Atlas 2010/11 (draft).

Despite this inflow of international aid to Malawi, most of the elderly in the study area have not benefitted from the projects which this funding was used for such as subsidized farm inputs and other public services in the area due to structural problems such as distances to get to market centres and health care facilities. Malawi lack elderly friendly health care facilities to address basic physical health ailments that come with ageing such as hypertension, arthritis, and hearing and sight problems. As long as the country lacks elderly friendly health services and lack of mobile clinics in most communities in Malawi, the elderly with underlying health problems and disabilities will find it hard to access health care. The exclusion of the elderly from access to aid programmes and the lack of accessible health care are examples of structural violence which is linked very closely to social injustice and the social exclusion (Gupta et al., 2006). As Gupta and others puts it, structural violence remains a high ranking cause of premature death and disability as such planners and policy makers can begin to resocialise their understanding of disease distribution and outcome (Gupta et al., 2006).

6.5.3.3 Social Cash Transfers (SCT) Programme in Malawi:

Interviews with the SCT Coordinator revealed that the Social Cash Transfer programme (SCT) started as a safety-net programme which was reactive to shocks and disasters in 2006. With more of these shocks continuing to impact on families already impacted by AIDS related mortality, the government with funding from UNICEF, and the Global Fund to fight AIDS, Tuberculosis and Malaria allocated nine million *Kwacha* (approximately, £18,000) through the National AIDS Commission (NAC) to finance the pilot phase of the programme. Now the pilot programme is targeting the impacted households by these shocks - so the response is proactive. Although Malawi, since 2006, has registered economic growth of seven per cent, many groups such as the Elderly, OVCs, the sick, and Child Headed Households (CHH), have not been benefitting from this growth. The establishment of the SCT was a response to the government's realisation of the need to have programmes that would directly benefit these groups, especially those in the extremely poor category. A SCT pilot Programme was started in 2006, in six districts, after endorsement by parliament.

The SCT programme targets those labour constrained households with no able bodied members' in the age range of 19 to 64, and households where four household members rely economically on one person, as well as the disabled, the elderly, and chronically ill patient households. Beneficiary households earn cash according to the number of household members and, if the household has primary and high school going children, they get a bonus of MK 200 (approximately £0.40) and MK 400 (£0.80) respectively. At the time of this study, the programme was being piloted in seven districts in six Traditional Authorities reaching 106,500 individuals in 28,000 households. However, Chiradzuru District, where this study was conducted, was not among the piloted districts.

Other Social Protection policies and programmes

Other Social protection programmes were the School Feeding Programmes (SFP), Public Works Programme (PWP), Community Savings and Investment Programmes (COMSIP), and Village Savings and Loans (VS&L), which are running hand-in-hand to support extremely poor households. The projects that had reached the study area were the school feeding programme mentioned in chapter 5 (supported by UNICEF), the COMSIP and the Farm Input Subsidy Programme (FISP).

6.5.3.4 Farm Input Subsidy Programme (FISP)

The Farm Input Subsidy Programme (FIS) was one of the pro-poor programmes the government was implementing through the Ministry of Agriculture to enable poor subsistence farmers to get chemical fertilizer at subsidized rates in order to boost their crop yields. This was introduced to replace the free farm Input policy implemented by the previous government which, although the fertilizer was free, the amount distributed was inadequate for the small land most of the participants in the study area have. Subsidised farm inputs are sold at government regulated Agriculture Development and Marketing Corporation (ADMARC) sites in all the districts in Malawi. These are a network of controlled market depots which are more concentrated in the urban and the better-off rural areas (Kadzandira et al., 1999). Most EHH cases interviewed commended the new policy, because they said that at least a farmer can get a bag of fertilizer for £0.96 rather than getting only a bucket of fertilizer for free. Subsistence farmers get fertilizer coupons to use to get subsidized

chemical fertilizer. With this coupon³⁷, a bag of fertilizer which would normally costs approximately £8, costs about a £1. Although there are a few elderly who claimed they could not afford the subsidized fertilizer, most of them indicated that they were able to buy at least a bag and had applied it in their garden to boost their crop yields. However, the study participants felt that the government needed to consider the mobility of the elderly in terms of getting to those market distribution centres as well as the availability of the fertilizer. They recommended bringing the markets closer to communities especially to cater for the elderly and People with Disabilities. The other concern was its availability such that most elderly households reported that they had to go to the markets on several occasions in order to buy just one bag, due to the low supply and high demand. Two study participants could not afford to get the subsidised farm inputs due to financial constraints, while two others reported having not received the coupons.

While most elderly claimed to have been issued with coupons to buy subsidized fertilizer, the two elderly confirmed they had not received coupons because they had missed meetings where the registration of beneficiaries was being done. From the findings on the fertilizer subsidy coupons, there was a conflict of opinion regarding who was eligible to receive fertilizer subsidized coupons. Some elderly, who were not registered to receive fertilizer coupons, felt disadvantaged by being left out, which consequently affected their crop yields as they could not afford the unsubsidized fertilizer. They felt that it was because they were not closer to the authorities within the village and that their households were being marginalised. However, this view was challenged by two village headmen who, when interviewed, separately associated those who had not received coupons with not having availed themselves to village meetings where registration was taking place.

37. Coupon is a voucher given to poor farmers who cannot afford to buy unsubsidized chemical fertilizer. It identifies the presenter at the market that they are eligible for government subsidy. Meetings would be held by village headmen/women to identify eligible farmers; these farmers would receive one, two or even five coupons depending on size of their family. Each coupon is exchanged with a bag of fertilizer; the presenter only pays about £0.94.

For example, asking a few elderly why they didn't come to the meetings of one of the community development projects, they said,

One elderly:

“Ah, my hearing is impaired to hear properly, people must shout these days for me to hear them. Will I be asking all the time for people to speak up for me to hear them? No, no.”

Another elderly:

“I find it difficult to come for meetings because, the moment I open my mouth to speak, the young women often interrupt and take over from me before I finish talking as though they want to help me, but they end up advancing their own ideas.”

6.5.3.5 Save the Children Fund Village Savings and Loans Project (VS&L)

The study found that Save the Children was helping women to build group savings for loans through a project called Village Savings & Loans Scheme (VS&LS). Women form groups of a maximum of ten people and each month they put in MK 500, the equivalent of £1.00, and lend the money to one member at a small interest, which goes on until every member has had a chance to borrow. The contributions go on, as well as the repayments, in order to build the fund. Only a few elderly participants were aware of this scheme, however, none of them were participating in the initiative. Two cases, Gogo Sintha and Gogo Niya, considered joining the initiative. However, both claimed they experienced resistance from young women within the groups to join and asked to form their own groups, so they saw this as an attempt to marginalise them. While this was the case with others, most of the study participants lacked information about the schemes.

6.5.3.6 SCF Goat Revolving Loan Fund

The study also found another Save the Children (SCF) initiative called the Goat Revolving Loan Fund. They gave out nanny goats on a revolving loan basis where, after the goat has bred, the debtor then gives back two goats and retains the rest. An

SCF field staff member said this scheme is open to all those who have able-bodied members of the family to feed and house the goat. The study found that none of the EHH were participating in the goat revolving loan fund. ECs claimed that the scheme was biased towards those with secure households and able adults to feed the goats. However, a goat each was observed at Gogo Sintha, Gogo Rosie and Gogo Ulemu, although none of the three households were linked to the goat revolving scheme in the area. Gogo Ulemu and Gogo Sintha claimed the goat in each case belonged to a deceased son, and great granddaughter respectively.

A representative of Save the Children indicated that both schemes were responding to the impact of HIV/AIDS in the area and that everyone who has been impacted by HIV/AIDS is eligible to join, so long as they are able to follow group collateral procedures, and able to display that they have able-bodied members of their households who will take care of the goat as well as secure space to house the goat, but could not confirm the three households as being among their recipients. The fact that the beneficiary recruitment criteria were households with able-adults with secure housing structures appeared to exclude most of the EHHs in this study who had no adequate and secure housing structures, and able members. *The three organisations listed below were interviewed to find out their project activities in support for the elderly being their main strategic direction. All of them are implementing projects in some parts of the country but not in the study area.*

6.5.3.7 Community of St Egidio

Community of Saint Egidio is a Catholic affiliated organisation which is currently working to support the poor, such as the elderly, OVCs, and people living with HIV and is currently operating in fifty three countries. The project is implemented through youth groups in local Roman Catholic churches in Malawi. The youth take responsibility for looking after the elderly in their communities. From the age of fourteen, the youths are trained to befriend and sponsor an elderly person of their choice in the communities where they live. They continue to do so until they complete their education and gain employment. They are urged to continue to befriend the elderly person by providing them with basic needs such as shelter, soap, sugar, fetching water for them, smearing house floors, cutting thatching grass

and thatching houses, sweeping, social interaction and other things they require for their survival. Each of the youths is required to report what they have done in that month to their youth coordinator and, if there are needs beyond their capacity, to see if the project can provide support. This programme is organised to socialize and instil in the youth the desire to help the elderly, not only those of their kin members but whoever they come across. Unfortunately this initiative was also reported to not have reached the study area, signifying that the study is missing out on a significant number of local initiatives for the support for the elderly.

6.5.3.8 The Bingu Silver-grey Head Foundation (BSGF)

The study interviewed the Executive Director of BSGF who informed the researcher that the NGO was founded by the now deceased former president founded the Bingu Silver-grey Head Foundation (BSGF) in 2005, with the objective of providing a new, unique, platform to promote and empower the elderly members of the country. During the study, the BSGF were distributing items worth MK50 million (e.g. blankets, maize flour, cloth, sugar, salt, washing powder and cooking oil); however their projects had not reached the study. Local NGOs supporting the elderly expressed their concern that the BSGHF was the late President's campaign strategy to woo peoples' votes. According to a Key Informant, every district has a development structure, set up by the government, which is used to channel development initiatives. Any implementation of projects through parallel structures, such as MPs, or constituent committees, their motives are questionable. Nevertheless, all the elderly cases interviewed in SSIs and FGDs did not know about the foundation's existence.

6.5.3.9 Elderly Association of Malawi (EAM)

The study found a local NGO targeting the elderly called the Elderly Association of Malawi (EAM). Their aim was to help elderly households impacted by, the HIV/AIDS epidemic. EAM was originally established in October 1997 with the aim of uplifting the welfare of the elderly. It operates in all the districts of the Southern region except for Mwanza and Neno. It was quite surprising to find a small organisation that claimed to be covering the entire country when in fact the study participants reported

a lack of knowledge of the existence of such local organisations. Nonetheless, Key Informants also reported a general lack of existence of local NGOs to support the elderly in the area. The association was initially funded for a five year period by Help Age International, as a response to the 1999 Nsanje and Chikwawa disasters (floods), in order to provide shelter, food and clothing. The organisation works with volunteers, in the 40-50 year age range, who are trained in human rights and home-based care. The coordinator reported that the association has facilitated the construction of 200 houses, as well as the renovation of dilapidated houses in the flood affected districts, and handed them over to the communities. The EAM highlighted a lack of funding to address the growing needs of the elderly highlighting that most donor agencies do not seem to target the elderly. One of the projects the EAM would like to do is to address discrimination against the elderly by most communities and NGOs citing lack of consideration for loans and witchcraft accusations as the main problems confronting the elderly in Malawi. The association also reported of a lack of coordination between the BSGF and Association of the Elderly in Malawi (ASSOEM) who it saw as practicing patronage politics that is not helping many of the elderly who are suffering.

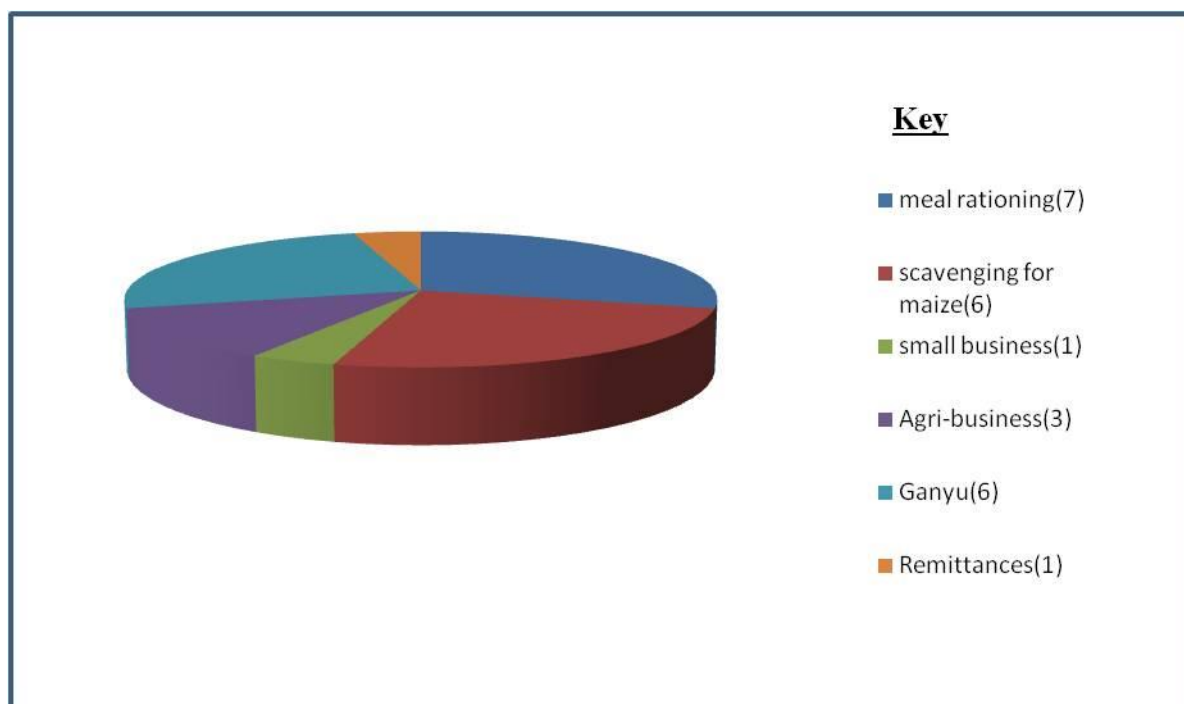
6.6 Livelihood strategies

Despite the foregoing, there is a certain amount of resilience in elderly households. Empirical evidence from studies across SSA suggest the traditional safety nets of vertical remittance transfers from wealthier patrons to poor clients in rural communities are rapidly disappearing due to commercialisation and western education coupled with the impact of HIV/AIDS on families. However, horizontal transfers between people of similar economic and social status, in order to avert food insecurity in communities, remain extensive (Whiteside, 1999; Foster et al., 1999; Nyambedha et al., 2003; Monasch and Boerma, 2004; Ayieko, 2005). This section reveals how the elderly are coping with livelihood asset shortfall and how they are still able to sustain their households.

This section reveals the resourcefulness in the elderly households as they try to respond to poor health, labour deficiencies and food insecurity. The ability to respond depends on their access to assets and their capability and functioning which

allow them to be resilient and achieve positive outcomes in their households. From the study findings, seven EHH practice meal rationing, six EHH were involved in crop left over scavenging in peoples' already harvested farms, one EHH was engaged in a small scale business; three EHH were engaged in seasonal Agribusiness, selling vegetables and sugarcanes; six EHH were engaged in seasonal ganyu activities and three households said they were able to get remittances, two were village headwomen who reported that they get paid of their role as village headwoman. One EC (Gogo Mercy) was sometimes getting remittances from her daughter to buy farm inputs. Most of the livelihood strategies revealed by the ECs fall into the category of coping, as revealed from the pie chart below: There is some resilience even in extreme poor households in the face of the HIV epidemic and increase in household dependants.

Figure 6-3: Livelihoods strategies being used by the EHH in the study area

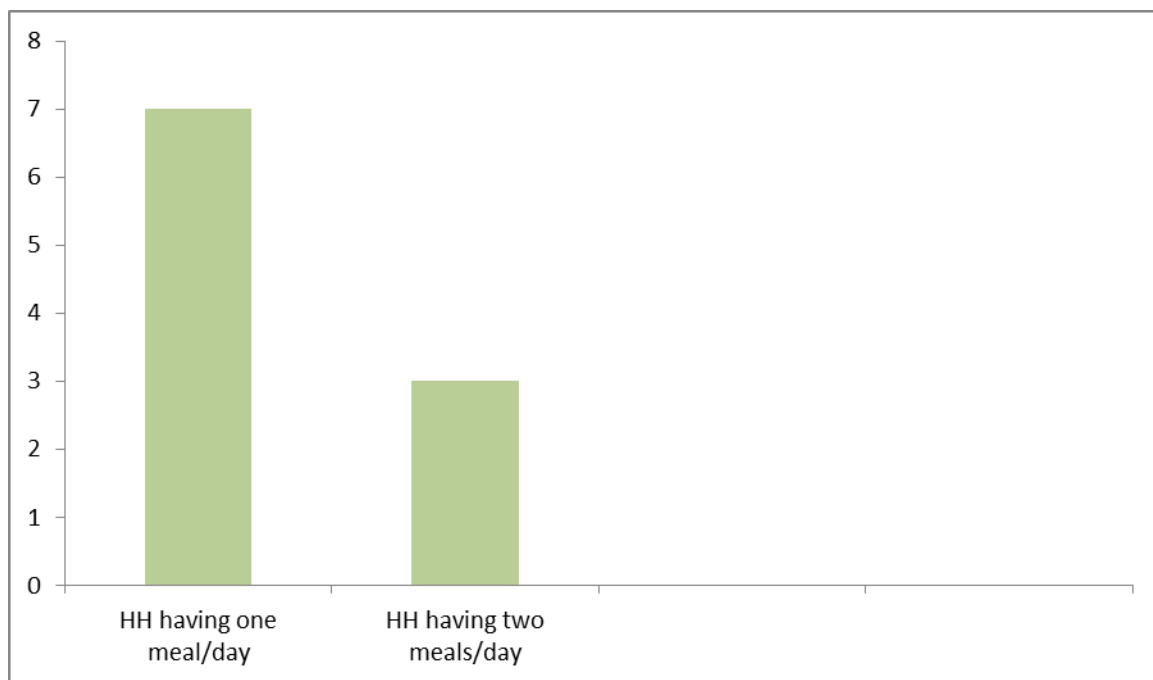


Below are a summary of these various mechanisms that ECs have deployed to counter food deficit, ranging from changing eating patterns in order to stretch the period of their food stocks, to hiring out their labour in exchange for food or money.

6.6.1 Meal rationing

Meal rationing was being practiced by most of the households of the ECs to prolong the period of food sufficiency in their homes. As shown in figure 6.3, it was evident that most households were having one meal a day to spread the food they had over a longer period of time.

Figure 6-4: Meal consumption patterns in participant EHHs



Usually smaller and cheaper portions of food were their way of reducing food consumption and to have food entitlements for longer periods. The study also learned that the 'school feeding programme' in the primary schools mentioned earlier enabled children from underprivileged families to obtain at least one meal per day. As noted earlier, the initiative was run by the government, with support from UNICEF. As reported by the ECs interviewed, this increased the OVCs intake of a meal a day to two meals a day. Households who were able to eat two meals a day routinely had able male heads of households except for one whose head of household was a female elderly who had a small income generating project selling doughnuts (Gogo Mercy). In all the households, children were going to school

without eating breakfast so the only meal in the morning was porridge served in school at lunch time.

“I ration food. In the morning the children go to school without eating porridge at home, they eat porridge served in school at 10am. I only cook once a day at 2.00 pm and serve the children each one in their own plate, and advise them that this is all they are having between that time and tomorrow the same time, so it is up to them to save some of the food for later. That way our food stocks take a bit longer to be depleted. My children most of them will eat half and save the other half for later. When we have depleted the stocks completely, we hire out our labour for food or money although most people prefer to give *ganyu* opportunities to men and boys; I have three older girls and myself,” said Gogo Rosie.

6.6.2 Scavenging

It was very common to see elderly women and OVCs scavenging for left-over maize cobs from already harvested gardens locally called “*khunkha*”. The maize they realise is used for food and to sell to acquire other basic needs (soap, salt and money to mill the maize and sometimes meet school needs such as writing pens, exercise books). A few households had children begging at a local maize mill for maize husks. Three households were able to have food all year through; this was possible with rationing meals in the second half of the year. In the worst months, Abiti Gee said they employ the famous 1949 Malawi famine strategy she learnt from her great grandmother and said,

“I advise my children to just tie a wrapper around their waist and go to sleep to ensure that one does not feel hungry. It has worked but this time one of my children was caught stealing in someone’s sugarcane plot and was banned from going to that area to play,” Abiti Jee.

Most of the households bemoaned the loss of access to forest reserves in Chiradzuru Mountain, because they would get tubers and wild fruits in times of food shortage. The mountain lies bare now with very few trees has not enough trees and now, to get any product from the mountain, you have to pay.

6.6.3 *Ganyu* labour

Livelihood coping strategies in rural Malawi include informal safety nets which are called on to respond to food deficits and economic shocks and stresses. Due to food deficits, households are compelled to obtain their staple food from the market, thus their dependence on cash incomes has increased. At the same time, market liberalisation of prices has also increased the prices for maize following the devaluation of the local currency. Evidence from studies confirms the predominance of agriculture labour, in rural areas, as both a regular source of livelihood and as a coping strategy, through intensification, in difficult years (Whiteside, 1999). Most of the OVCs are engaged in livelihood activities, firstly, to meet their individual needs, and secondly for the benefit of the entire household. In almost all the cases their participation and contributions to self and household livelihoods are critical to the resilience of the EHHs. One of the coping strategies which EHH is using to deal with food deficits is through *ganyu*. *Ganyu* is widely used in Malawi to describe:

“a range of short-term rural labour relationships, the most common of which is piecework weeding or ridging on fields of other smallholders or on agricultural estates” (Whiteside 1999:3).

For most EHH *ganyu* was the most important source of livelihood between the periods when their food stocks were depleted to the period of harvest. This meant that, when addressing their immediate food and non-food needs, which most of the time conflicts with own farm production, they hardly have time to work on their own farm, locking their households into vicious cycle of food insecurity in the long term.

6.6.4 Small businesses

Abiti Jee shared that the land, on which she used to produce vegetables for food and sell the surplus, had now been rented out in the understanding that, according to the agreement, she will get 10 per cent of the proceeds from the dimba³⁸ sales. She

38. Crops grown along river banks which take advantage of the availability of water along the river either from the river itself or water pots dug along the river (Usually practiced in winter season).

reported that it had been two years since the tenant last paid for the land, having harvested the crop and sold it each year. Abiti Jee informed the researcher that she summoned the tenant twice, but the tenant had failed to come, so she has planned to seize the land back and give it to her grandson to cultivate, as he was now old enough to undertake gardening.

The same scenario was shared by Gogo Sintha, who had rented her garden to her nephew from her late husbands' sister. Gogo Sintha reported that her nephew has not paid her any agreed rental charges, and when asked to pay the money, she was told that the land belongs to God and that only God can claim payments for it, not man. Gogo Sintha was almost giving up on the land at the time of the study, as she said there was no one to fight for her, which surprised the researcher, because Gogo Sintha has the status of a village head. When asked if she could use her powers as village head, Gogo Sintha responded:

“To my own relations, I am not a chief. I am just a grandmother, aunt or mother, so my command carries no weight.”

Gogo Niya gets money every month from the piece of dimba garden she has lent out to Gogo Chime. She reported making MK100.00 (the equivalent of £0.20) per month, from land of approximately 0.05 hectares. She reported having been able to pay the labourers who help her with ploughing on her farm, from the rental payment by her tenant farmer.

On the other hand, Gogo Chime has two silos which he hires out to tobacco farmers to store their tobacco bales. This helps him to subsidize subsistence farming for his household (see box 6.2). This is also the case with Gogo Mercy, who has a big clay pot and a locally made oven where she bakes cakes and fries doughnuts. At most, she reported making MK100.00 a day, which calculates to (600.00 a week x 4 weeks) is MK2, 400 per month, the equivalent of £4.80 per month. She reported that the bakery is a source of finance for her, which subsidises farming.

Box 6.2 Gogo Chime

Gogo Chime went to school up to grade seven. He worked for twenty years in a gold mine in Witwatersrand, South Africa. He was laid off in 1990 after the gold mine closed and he was sent away with the equivalent of £70. He used part of the money to build a house and another part to start tobacco farming. With the proceeds from tobacco sales he has built silos for hire. Tobacco farmers in the local area hire them to store their tobacco enroute to a tobacco farmers' auction market. He makes money from this business in addition to the vegetable growing he also does. He also has two blocks of rooms, which were rented to private secondary school students during term time. He is able to buy food when his own food stocks are depleted. He was also able to pay tuition fees for his older son and stepson, both of whom are in high school. He has a sugarcane plantation which he established using some of the money received from his mining job. He sells this sugarcane locally. He disclosed that he makes approximately MK12, 000 (£25) a year from sales of sugarcane, vegetables and rental income from the silos. Observation of his household revealed that he was well established and food secure.

Gogo Rosie indicated that, if she had capital income, she could establish a trade in farm produce and, using her children to go to the major market on a Saturday to buy tomatoes and onions, she would sell these vegetables locally at a profit. She and her husband were running a business but the business collapsed with the passing away of her husband. The scenario was similar to Gogo Sintha whose husband traded in second-hand clothes to help her meet the needs of the family.

6.6.5 Remittances

Two EHH who were also village head-women were receiving a monthly wage for being their role. Government of Malawi established payment to village head-persons and Traditional Authorities in 1998 to recognise the role they play in their villages. Gogo Sintha a village head-woman got MK2, 500 (equivalent of £4.00) a month while Gogo Niya as a group village head-woman got MK5, 000 per month (equivalent of £8.00). Additionally, they both got an accumulation of fees collected from households who come to report deaths, and gain access to communal grave yards in form of cash or chicken. Apart from that they also have access to fees charged to villagers who have committed an offence which came in form of cash or

livestock according to the gravity of the offence. This is supported by findings from a study on Town Chiefs in Malawi in 2009 which found that village head-persons had access to cash or kind payments when a family was bereaved and reported to the village headman, they brought along with them money or a chicken to ask for a piece of estate (Cammack et al., 2009). The two households used these collections to meet food and other household basic needs. Both cases were well off compared with the households who had no access to any income.

Apart from the two ECs, Gogo Mercy and Gogo Brian too had access to irregular remittances from her daughter who works as a teacher in town and a son and a nephew both working in town; with which they are able to buy farm inputs, meet labour costs and other households' basic needs. This finding is similar to findings from Selee's study in South Western Uganda in 2008 among households devastated by HIV/AIDS (Selee, 2008). Families there showed great resilience in the face of harsh conditions caused not only by illness and death, but also by drought, which Chiradzuru, the study area is experiencing.

6.6.6 Ploughing smaller portions of land

Households with fewer members capable of provide labour were less able to diversify their livelihood, which put them into a state of despair. In these households it was quite common as a livelihood strategy to plough smaller portions of their land, renting out the rest in exchange for money or food. Glewwe & Hall (1998) argue that smaller households with fewer working age members are less able to diversify their labour and thus more vulnerable to food insecurity. Renting parts of the land was done as a survival strategy to obtain money and food, but also to secure the land from possible encroachment, which may have occurred if they left the land without ploughing. This brought with it despair and anxiety among a few of the elderly involved, as they said that it was difficult to get their tenants to honour the agreements. It could be that, droughts and poor harvests had limited them from making the agreed payments. However, the fact that there was also no cooperation from the tenants to vacate the land was enough reason for the elderly to suspect possible forced ownership. Unfortunately, due to being single elderly households, frail and having very young OVCs meant the only services they could rely on was the

Community Based Victim support Units (CBVSU) and the village leadership, to fight for the elderly. However, as indicated by the CBVSU and Village headmen, most elderly do not report the abuse they face in their households and community for fear of reprisal; however, the situation continue to distress them as reported from the two elderly cases involved. If the land is not given back, it is likely to affect the children's future livelihood, as they will not have adequate land to plough, pushing them into a life of poverty.

6.7 Conclusion

What is clear from the findings of this study is that elderly caregivers are in need of physical resources and support services in order to handle the demands of care giving and to guard themselves against negative health outcomes. Although there were a few differences among the caregivers interviewed, there were more than enough similarities to be able to recommend a general, but flexible, form of resources support mechanism for elderly care givers. The elderly carers are experiencing multiple vulnerabilities that are affecting their caring role. These ranges from poor physical health as a result of their aging, to inequity in access to income, high household dependency ratios against their reduced capabilities and functioning, and ecological changes and deteriorating familial support networks which are impacting on their livelihood pursuits. This study found that the extended family networks and community support mechanisms, which used to hold communities together, are experiencing severe strain due to socio economic impact of HIV/AIDS. Although the experiences of Child Headed Households (CHH), in the context of the prevailing vulnerability of the study were beyond the scope of the current study, it may nevertheless benefit from further research. This study concludes that most of the elderly carers in this study (seven out of the ten) are using coping strategies with negative livelihood outcomes.

Chapter 7 : Discussion

7.1 Introduction

This chapter will analyse the consequences of AIDS mortality of productive age member/s on the EHHs, and their asset portfolios. Differences in the accessibility and quality of capital endowments will be analysed, according to the age of the carer, the age of the OVCs in their care, the demographic composition of household, the production resources at their disposal, the social support network available and their ability to convert assets to realise positive livelihood outcomes. The role of the matrilineal institutional marriage; death custom/ belief in the area; organisations' policies and processes available in the study area, and country as a whole; their effect on the choice of livelihood resources; trade-offs and combinations; the impact to access networks of support to boost their assets for their households in the prevailing economic; ecological and political trends of the country, will be examined. Finally, the chapter will conclude by linking the study findings to the SLF highlighting what the study has established were the strengths and weaknesses in the framework.

7.2 Context of HIV/AIDS

Central to comprehending the impact of this loss is the social and economic dynamics of HIV/AIDS deaths on the EHHs. For most of the elderly, the longer the illness took, the more the family resources were used up. The shock of the increasing number of AIDS-related deaths in nearly all the EHHs was reported to have had an adverse entitlement failure for most study participants. Four of the ten study participants had significantly lost their household savings and livestock. All of them had lost their food production due to spending significant number of times within a year in hospital (On average three times in a year, some with the same ill children, others with different sets, of children and grandchildren) but also visiting traditional herbalist. The sickness and death of prime members of their families has led to most of EHH to divert their household resources ranging from their time, labour and savings and investments to care for the sick. Most of the ECs in not having full knowledge of the disease, they invest so much in their children so that they get well and carry on supporting them (the ECs). A few deceased children of the

ECs were reported to have been on prolonged medication, however, except two elderly who reported that their deceased children had disclosed the illness to them that it was HIV/AIDS, most of them were just speculating that it may have been HIV/AIDS from the fact that either their children died first or their spouses died first, but both husband and wife died so a few elderly carers attributed this pattern to HIV/AIDS. Two cases that lived in town came back to the village when they could no longer work and needed support from their kin members. Gogo Rose and Gogo Brian disclosed how their deceased daughter and sister-in-law had both prolonged illnesses which made them go into hospital several times. Gogo Brian's sister-in-law reached a time when she was very weak and required the support of her family in the village. However, both cases were reported to have been on prolonged medication, but which was not disclosed to be ARVs. Similarly, Gogo Rose reported that her son-in-law had to bring his wife to be looked after by her (Gogo Rose) in the village. This was also observed in Masanjala (2007)'s study that, in the AIDS era, returning back to the village especially by those who left for the cities to work, now with debilitating HIV or AIDS to seek alternative solutions has been a common sight. A few patients also have been understood to believe that they have been bewitched when they are not responding well to ARVs and resort to go to the village to seek alternative solutions, not because they are not able to get ARVs.

On the other hand, Gogo Sintha disclosed that her grandson came back to the village from work in town not because he had no access to ARVs, but rather he had discontinued taking ARVs when he felt better and never went back to the hospital when he felt unwell again for fear of reprisal from the medical personnel. This is similar to finding in a study conducted in Malawi by WHO in 2004 where Medicins sans Frontiers rolled out the ART programme in 8 Health facilities in Chiradzuru district which found that some patients defaulted/ discontinued treatment while others died while taking ARVs, see table 7.1 below. Although by 2010, Chiradzuru district had 11 Health facilities being serviced by MSF to supply ARVs, distances to get to these health facilities for some were long requiring transportation. Socio-economic problems faced by most families of AIDS patients due to prolonged sickness also have prevented most families to seek medical help and resort to traditional healers who are closer to them than some health facilities. Again doctor/patient ratios can affect the time allocated to see one patient which can result

in patient dissatisfaction especially when a patient is unable to explain the various changes they are experiencing as a result of taking ARVs.

Table 7.1 ART Patients Outcome in Chiradzuru District, the study area-

ART Patients Outcome	Adults	Children	Total
Patients who begun ART since the onset of the programme	2105	212	2317
Patients alive, still followed up and still on treatment	1680	174	1854
Patients death since the beginning of program	209	21	230
Patients lost to follow-up	159	10	169
Patients who stopped treatment	57	7	64

Source MSF, March 2004

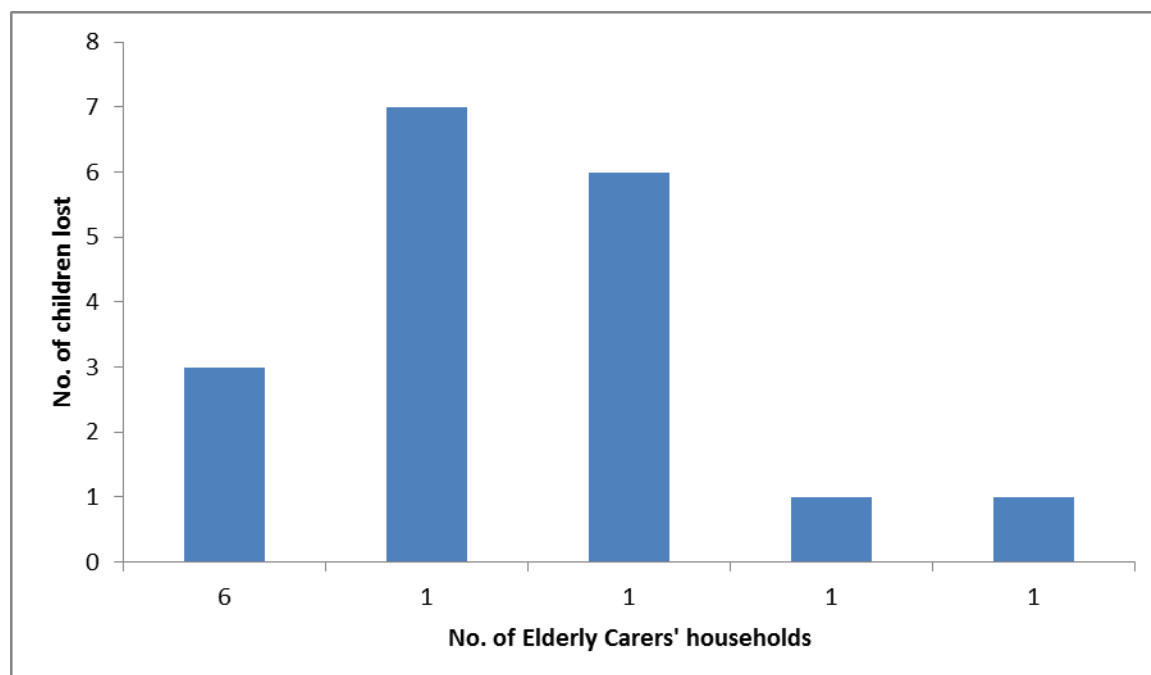
AIDS sickness has been referred to by many studies as a long wave of sickness (Masanjala, 2007; Wangui, 2009; Ssengonzi, 2007). During which time, most EHHs have increased their medical, transport cost as they look for better health care for their children apart from nutritious food costs. According to Masanjala, (2007) for a person who lives with HIV and is poor, as is the case for most of those infected in Africa, life or death depends on their access and capacity to income earning opportunities open to their households. Some with adequate resources manage to provide quality care and maintain taking their ill children to health facilities while most of the families with inadequate financial resources and savings may not. Some women have been reported to not disclose their HIV/AIDS status to their spouses for fear of being divorced or blamed of being responsible for acquiring the disease. Most women lack economic independence as such cannot maintain accessing health facilities which are not within walking distance without the support from their male

counterparts. For ART programmes to be successful there is a need for the cooperation of a broader structural factors that can shape or constrain individual behaviour such as poverty, gender norms, which Farmer and others term social injustices (Farmer et al., 2006). Poverty can reduce the ability of individuals and households to meet their needs. Disparate access to resources such as money to use for transport to access health care, economic dependency by most women in households and lack of disclosure of their HIV/AIDS status can stand in the way of women accessing ART—where distances to health facilities are huge. This is structural violence by the fact that it puts individuals and populations in a harm's way (Farmer et al., 2006).

Apart From that, for most elderly women who are subsistent food producers who would be capable to earn or execute household and family maintenance are the ones diverting their labour caring for the sick household member. Ayieko, (1998) highlighted that for some caring for ill members of the households occur concurrently with farming periods. This has often resulted into reduced capacity to input labour either on farm or small enterprise, creating a binary economic burden. Yet by the time their sick children have succumbed to AIDS death, the ECs have used up most of their savings with little hope of rebuilding their savings and food stocks. It is those with little amounts of livelihood assets who are unable to cope, more so than those with more assets.

Not all the ECs reported having been economically impacted by AIDS-related deaths. Actually, what worried most of those not economically impacted as most of their children were not in employment to offer financial support was the loss of the social support of their deceased children. Of the ten ECs interviewed, six reported having lost three each of their older children; two ECs had lost seven and six children respectively, while the last two had lost one each. On average the loss of productive members was 3.3 per household.

Figure 7-1: Summary of children lost by Elderly carers' Households



7.2.1 Impact on labour capital

With the many deaths of their adult children occurring in EHHs, there had been reduced household labour availability to engage in meeting livelihood entitlements for their households. This loss was through the EHHs direct provision of labour or through remittances (provided by their deceased children) to be able to employ labour on their farms. This is similar to earlier studies conducted in Malawi, Tanzania, Uganda and Kenya, which found that most EHHs are constrained with labour and income to hire labour due to loss of their old age support caused by AIDS mortality (Masanjala, 2007; Beegle, 2003; Bollinger, 1999 and Yamao and Jayne, 2002). The EHH's deteriorated financial position in the study area due to the fact that most of them rely on subsistence farming for both food production and cash through the sale of surplus farm harvests is preventing them from hiring labourers. Nearly all study participants highlighted a change in their future livelihood expectations, indicating that all their efforts of hard work in their prime years were to ensure they educated and invested in skills in their children so that in turn the children could support them in old age. This was a long term strategic future livelihood practiced in SSA and Malawi for many decades and worked for most families (Ellis, 1998 in Masanjala,

2007). It is an established practice for most families to invest their scarce resources, as a strategic provision of future livelihood sources. This they do through investing in their children's education and vocational skills as a long-term strategy of adaptation and accumulation, for social security. This has failed to provide most of the ECs much surety of social security in old age (Ibid). There is currently a reversal of the role for most elderly from being care recipients to care providers both for their adult children when they are taken ill of AIDS related sicknesses, and when they succumb to AIDS, the care for their orphaned grandchildren. It has been debated that HIV/AIDS has enforced an alteration in household composition, relentlessly weakening and repeatedly breaking the young adult members interconnection between generations (Nhongo, 2004; Ntozi, 2001; Rugalema 1999a). Those who used to support the EHs directly through either their own provision of labour or indirectly through remittances to pay for labourers and farm inputs are themselves dying.

While gerontology studies have portrayed the elderly as dependent and disengaged (Szinovacz, 1998a), this study found that most of the young old and old elderly were actively engaged in the care of OVCs. HIV/AIDS had betrayed, destroyed and reversed this future livelihood strategy, creating a new dimension of dependency on the elderly by the chronically ill adult children and AIDS orphans. This agreed with findings of Wangui's study among Kenyan grandparents that, previously, labour had been provided by their adult children, either directly through their physical input of labour on the farms or indirectly through provision of cash remittances to help hire wage labour (Wangui, 2009). This had also impacted on the economic security of most households affected due to time allocated by able household members and the range of household livelihood activities.

7.2.2 Loss of Food production

As noted in chapter 5 and 6, some ECs revealed how the chronic illness of their children affected the elderly's food production, and other livelihood assets; they began to decline slowly but steadily because of diverting their time to provide nursing care. This finding agrees with other studies who found that nursing the sick in most HIV/AIDS stricken countries had resulted in a reduction of farm yields and a low

standard of living (Devereux, 1999; Masanjala, 2007; Nyesigomwe, 2006). At an earlier time, they would sell their surplus produce and use the money to buy chemical fertilizers and pay labourers on their farm. Sometimes they would barter their harvest for labour on their farms. As most of the productive-age adults fell ill to AIDS-related conditions, there is a reversal of roles: ill grown-up children were relying on resources of their older parents (food stocks and savings- fluid assets and cash) when they are incapacitated. They leave their jobs in town to be looked after by their elderly parents in the village exhausting interim savings and food stocks the elderly might have saved. Most of the elderly have been left at a time when their food entitlements have been exhausted. Thus now instead of rebuilding those food entitlements, they reported spending most of their time in those economically well-off to supply ganyu opportunities, thus further compromising their own quality time to engage in food production resulting into a vicious cycle of food deficit and perpetual poverty. Most ECs in this study reported that, if they had food deficits they were not as severe as they were with the increased number of sick adult members and deaths in their families and community as a whole. The government of Malawi through its poverty reduction policy with the support from World Bank have been selling farm inputs at subsidized costs. However, the markets are sparsely placed, therefore inaccessible by most of the elderly with disabilities and underlying health conditions. Without addressing these structural contextual factors – distances to markets, economic poverty (as a few of the elderly were unable to purchase subsidized farm inputs) , biases in selling of fertilizer which most elderly were concerned about, the intervention will not yield the intended results of poverty reduction at household level among this population group (Farmer et al., 2006). Apart from AIDS related sickness and mortality, increased unemployment, droughts and high poverty levels in the study area, surviving older children were returning to rely on the elderly households a few of who were reported to have supplied ECs with remittances.

This showed how dynamic poverty could be, and how people could move from being well-off to poverty due to shocks and stresses highlighted in the SLF. Lloyd-Jones and Rakodi highlight that people and households may move in and out of poverty or be chronically poor. The causes and characteristics of these changes may relate to economic trends, stages in the life-cycle (eg old age) or seasonality or the impact of shocks and stresses such as a death of a breadwinner or loss of assets to natural

(Lloyd-Jones & Rakodi, 2002). This finding of the dynamism of poverty resonates well with the SLF which suggests that when people's livelihood assets are exposed to shocks and stresses this can lead to loss of those assets thereby turning the household into a vulnerable or defenseless state. The major shock the elderly have suffered is the death of the elderly's older children, impacting on their loss of remittances, their children's labour as well as their own savings which acted as insurance in their old age. Most of these elderly had been exposed to stresses and shocks through the influx of orphans with inadequate capacity to respond effectively (Loevinsohn and Gillespie, 2003 in Masanjala, 2007). HIV/AIDS had overturned efforts made by government to increase household food security by killing people in their prime-age affecting both household and national economic gains (FAO, 2000).

7.2.3 Upsurge of OVCs

The study established that there were 36 OVCs in the ten EHHs and 23 of these were double orphans a significant proportion of who were depending solely on the ECs for support. AIDS mortality has been reported to attack especially the productive age (25-39 women and 30-44 men) populations (Timaeus & Jasseh, 2004; Monasch and Boerma, 2004). Thus the premature death of this population, normally at time when they have already started families is leaving significant numbers of young children at such a time when they are developing suggesting the enormous need of parental support. For most of the ECs, the repeated nature of AIDS sicknesses and deaths in their families, were indicated by an upsurge in the number of dependents relying on mostly on single ECs for household maintenance

Apart from that there were also a few households which had ECs' adult children. Gogo Sintha and Gogo Rosie had an older great grandson who himself was very ill and an unemployed adult son respectively. Hoff (2007)'s study found that the transfer of money and care in most households is shifting from the elderly to grown-up children who were either incapacitated, or unemployed. The fact that they were still residing in the elderly households suggested that they could not live independently. On average there were 5.2 people per household. This was confirmed by National Statistics Office (NSO) study in, 2008 in Chiradzuru, which reported that there is a high proportion of young people (0-17 years of age) and of old people (50 years of

age and above). This demographic trend was creating higher dependency ratios on older members due to mature age adult deaths and high unemployment rates in the district. This finding concurs with other studies in Africa by Ssengonzi (2009), Nhongo (2004), Matshalaga (2001), and Maluwa and Bandawe (1999) which found that grandparents and elderly households tended to be larger in size due to the influx of orphans. Earlier studies have reported that increased dependency ratios in EHH have significantly impact the level of nutritional status of the household members, most of whom require substantial nourishment for growth (children) and for the elderly who were aging to prevent them from contracting opportunistic infections (Aboderin, 2010; Wangui, 2009). Greenblatt and Greenaway's (2007) study in Tanzania found that the number of orphans in a household had a negative relationship to children's nutritional status, indicating greater food insecurity among those households. Most of the EHH in this study were living on cheap food with low amount of nutritional content to just survive. For most EHH, requirement for more household resources such as food becomes ultimate. In Malawi there is an idiom that says "*Kuchuluka ndikwambwino kuipira m'bale*"³⁹ highlighting the dilemma of having many people in a household to draw together on various skills sets and labour for household food production, but also disadvantageous to households members when it comes to food sharing. However, it was more of the quality of labour to engage in productive activities which, for some of the EHH in this study, was compromised by the age of the OVCs and their deteriorating health to have adequate returns for most of the households. However, there were a few EHH that were able to utilize the labour of their older OVCs for productive activities such as *ganyu* and farming, although their livelihood strategies were reactive in nature and less resilient.

39. *Kuchuluka ndikwambwino kuipira m'bale*- When there are many people in a household, it is assumed with a number of skills from different household members, the households stands a better chance of more food production and financial stability; but if the household members have limited opportunities to utilize their skills and therefore cannot bring enough food to the table, such that the little the household members are able to bring has to be shared among many mouths, resulting into all household members not getting enough to eat

7.2.4 Kinship care in Chiradzuru

The preference for kinship care was widespread in the study area. The kinship safety net continues to be the most valuable response to social calamities and economic pressures in Chiradzuru (UNICEF, 2011). In all interviews it was apparent their perception of institutionalised care was likened to neglecting own blood to be cared for by strangers. It was also evident most ECs could not consider giving up the care the children even under extreme deprivation highlighting their strong family bonds. For most of elderly, letting their grandchildren grow and thrive in their community surpassed material benefits alternative care arrangements such as institutionalise care offer to children as such, they (the elderly) have opted to look after their grandchildren within the limited means to provide for them. Throughout the informal interviews and FGDs participants possessed a negative view of institutionalised care calling those families relegating the responsibility to care for the children in foster homes as lacking love and compassion. Others perceived it as not wanting/loving your children. It was likely the fear of this negative perception from the community was preventing most of HHs to give up the children. This finding agrees with early studies across SSA on kinship care being preferred as an alternative care arrangement of OVCs in the absence of natal parents (Nyambedha et al., UNICEF Malawi, 2011; Foster, 2005; Monasch and Boema, 2004). UNICEF in their study in Malawi found that families' perception of institutional care was negative likening them to neglecting children, something which brought families that sent their children shame in the community. One widow who put her child in institutional care in Chiradzuru reported that:

“The only challenge I meet is of my fellow villagers mocking me that I have sold the child...,” widow and guardian of child, Chiradzuru (UNICEF, Malawi, 2011:21).

Poverty, aggravated by death of breadwinners, has been attributed to the rise in children in institutional care (UNICEF Malawi, 2011; Kidman et al., 2007; Deninger et al, 2003, Save the Children, 2009). Families feel that placing their children into institutional care is the only way their children can be assured of getting an

education, enough food and other basic necessities (CRIN, 2013; UNICEF Malawi, 2011). A study conducted by UNICEF Malawi, (2011) interviewed children in institutional care reported that most children disclosed being happy for the fact that they had access to basic needs not available at home but they also stated a sense of loss or limited contact with their families and community most of the days.

The fostering children in their own extended family in their own communities has been advocated by child protection practitioners because it is assumed this is where children thrive, as they continue to engage with their familiar members (Save the Children, 2009; UNICEF, 2011; Everychild, 2009). Although most of the members of the extended family were reported to not adequately provide material support for the upbringing of the children, participants highlighted that they had played social roles as advisors, mediators and advocates where support had come in the community to benefit children and as witnesses in the event children wanted to marry or get married. However, for most of them, the day-to-day practical care responsibilities have remained on the ECs. This was despite the poverty, reduced physical capabilities of the ECs and the age of the OVC.

Regarding will of inheritance of care for children, it was quite evident from most of the participant accounts that these discussions never took place pertaining to who will foster the children when the parents are dead. Until the HIV/AIDS pandemic reached its peak, discussions of wills and inheritance when a family member was ill were infamous and unpopular. It was deemed passing a bad omen on the sick members and in more often than not the initiators of such discussions were viewed as having bewitched the sick member of the family with a plot to inherit his/ her wealth (Chiweza, 2005; Cook et al, 1998). There is a local proverb in Malawi which says, "*Galu wamkota sakandira pachabe*" (meaning an old dog does not dig for nothing) (Wendland and Hachibamba, 2007) in other words the one who initiate the discussion on wills and inheritance must know what he has done to the sick family member. Unless such discussions were initiated by the sick adult, they remained contentious issues. Such being the case most children have been left in the practical care of older carers by default. Grandparents taking on the care responsibility saw themselves as the rightful heirs of their grandchildren, as they referred to them as their own blood, a similar finding to an earlier study in Uganda, (Ntozi and Mukiza-Gapere, 1995). Once fostering had occurred most of the grandparents hoped they

would get increased material as well as social support to themselves and the children in their care from members of the extended family and paternal kin. This was reported to have occurred for most of the ECs, in the initial period of fostering but with passage of time most members of the extended family and paternal parent/kin were reported to either reduce or cease their material. The situation of the elderly (many of them developing disabilities due age) was increasingly unable to adequately provide for the children in their care, while a few relied on the OVCs. This finding is confirmed in studies on grandparent cares which found that most grandparents were experiencing deteriorating physical health to engage in activities that would give them high returns to support their children (Arrehag et al., 2006; Ssengonzi, 2007; Barrientos et al., 2003, HAI, 2001; Ainsworth and Dayton, 2002).

7.2.5 Challenges of parenting for grandparents

Most of the grandparent carers are experiencing discontentment in their role of care, while at the same time they indicated that the presence of OVCs in their households was increasing their sense of well-being due to the company and support they are providing in their households. The ECs stressed they were kept busy and no longer lonely with the company of OVCs in their households who were increasing their sense of well-being. It was also clear in the study the grandparents were stuck between the role identities (as grandparents and parents at the same time) which resulted into a complications of experiences leaving both the elderly and the OVCs discontent. In most cases it was reported to result in adversarial relationships with especially older OVC. From their perspective the role of grandparent was suffering as they took more of the role of parent to ensure they bring upon the children as they brought up their own children (the deceased parents of children), yet doing this in an age where the emphasis was on “my rights” and we are in “democracy,” which was unlike when they were upbringing their children and was reported to bring frustration in most of the ECs. Identity theory suggests that having two conflicting identities initiated at the same time will result into some amount of dissonance (Burke, 2003) This was quite evident in narratives for most ECs who felt that the role of grandparents, as they perceive it, was softer and tolerant in nature, they didn't have to discipline, but just enjoy their grandchildren; but then realised there was no one to

discipline if they will not instil the discipline. The frustration most ECs are getting with their role of parenting is resulting in negotiating to preserve their interest and support of the OVCs. Most of them reported withdrawing disciplining the OVCs to ease stress in both themselves and the children. This is likely resulting in unbecoming behaviour not checked at an earlier time.

7.2.6 Social networks of support

It was quite evident the social support networks that used to exist in rural communities as highlighted by earlier studies had been weakened likely due to increased poverty levels perpetrated by droughts and AIDS mortality. The magnitude of households needing support is high, resulting in community support networks experiencing strain. Most prime age members who were instrumental in offering support with their labour have succumbed to AIDs deaths. The HIV/AIDS epidemic has created a major challenge for already impoverished families by breaking down social endowments and livelihoods of the extended family and community leaving nearly every household affected. A study conducted in Malawi in 65 randomly sampled rural households indicated the threat of AIDS to household food security as resulting from destabilized social immunity- the collective action communities drew on against hazards (Mtika, 2001; Waal and Whiteside, 2001). Although a FGD composed of Area Development Committee (ADC) members, reported that at one point they had made a contribution for the support of the elderly by renovating two houses and digging toilets for two needy elderly, the number of the ECs needing such support was large. FHH especially lacked able-members to help with male oriented tasks such as construction of toilets and roofing. Gogo Sintha narrated how the social fabric that used to hold the community together has slowly died away. The community and familiar social support which most of old people used to call on for labour support died due to loss of a prime age members who used supply the labour. Early studies in Malawi found among rural farmers in Southern Region of Malawi, that *dima*⁴⁰ activities that rural communities could draw on to supplement farm labour deficit are no longer functional (Ngwira et al., 2001; Malindi, 1999).

40. labour contributions communities drew on for ploughing and weeding their farms

Although Gogo Sintha is a village headwoman she was not able to use her position to get villagers build her a toilet highlighting her powerlessness to command such authority due to age. The community members used to mobilise themselves to help those households who were struggling with shortage of labour through various means such as ploughing, cultivation, weeding, building and roofing a house, constructing a dish rack or toilet, or through planting and harvesting. The affected household would prepare sweet beer in exchange with communal labour.

Apart from that most EHH had lost their source of social support through the death of their adult children who were instrumental in maintaining support networks in neighbours and families especially when they had ceremonies such as funerals and weddings. In Malawi, during funerals and weddings, it is a requirement that neighbours and friends keep vigil, from the day that death had occurred to burial and possibly a day after burial, which can take between 2-4 days. One is not supposed to be invited to attend a funeral or wedding in most communities in Malawi (Personal experience as a community development worker with World Vision). Not attending funerals could mean that you were suspected of being a witch who masterminded that death (Cammack et al., 2009), and the likelihood that people would not come to your compound when you were bereaved. In turn those families receiving help would also reciprocate when the need arose. These networks had been instrumental as they were able to provide emotional support, companionship, and mutual assistance. Families and communities with bonded social networks were less dependent on bureaucratic resources for help (Williams and Durrance, 2008; Cleaver, 2005). Poor physical health was limiting their ability to connect with each other. Most ECs with no able members in their household had to maintain social networks themselves or risk being ostracised. As reported by Abiti Jee, she would rely on their now deceased children to maintain these social networks by extending such things as gifts such as corn flour, livestock, labour through drawing water, pounding and milling maize, and cooking at these ceremonies. In turn those families receiving help would also reciprocate when the need arose. These networks had been instrumental as they were able to provide emotional support, companionship, and mutual assistance. Families and communities with bonded social networks were connected to each other were less dependent on bureaucratic resources for help (Williams and Durrance, 2008; Cleaver, 2005).

7.2.7 Age of the EC

One striking feature was how the elderly variation of age - 'young' old and 'very' old – shaped their livelihood opportunities and strategies. The young elderly (55-60 years, Gogo Niya and Gogo Alice) were able to use a combination of capabilities (assets) and activities to respond to various trends to pursue positive livelihood outcomes as opposed to the very old elderly especially those whose OVCs were of school going age. This was because the 'young' were still energetic and were in relatively in good physical condition to engage in other livelihood activities such as vegetable and sugarcane production and *ganyu*. However, Gogo Alice (60), with two under five OVCs and two Primary school going OVCs, depended heavily on the operation of the Child Based Community Care Centre (CBCC) for her to engage in other production activities. Operation of the CBCC was irregular as it depended to a larger extent on the availability of food at the centre to feed the children and the presence of a volunteer caretaker. Gogo Alice expressed how this centre helped to give her space to engage in other tasks to support their household, but also to widen her social contact with other women which gave her something to hope for. It was not possible to assess Gogo Alice's food security because she had just lost her daughter who left a good harvest in the field. As soon as her daughter died Gogo Alice gave up on her wage earning job and a voluntary job both of which earned her income. It was highly likely that, being the only adult member in her household, she would experience significant food deficits in the years to come if she could not get support for childcare.

There was a diversity of experiences among the old elderly (61-70 years). Most of the elderly in this category were able to draw on their labour resource to also engage in productive activities such as farming and *ganyu*. There was only one (Gogo Chime) who had a long term health condition. However because he was managing his condition, he was able to carry on with his productive activities. He also had silos and two rooms (production capital) that he was renting out. These assured him of predictable cash inflow to support him and he was able to pay high school tuition for one of his children. Two old elderly households (Gogo Brian and Gogo Mercy) were able to work on their farms with support from their older children, although Gogo

Mercy was not able to maintain her children in high school as did Gogo Brian. Only Gogo Rosie was not food secure because of high dependency ratio in her household and in most cases employed reactive livelihood strategies to obtain food. She had an older son but most of their time was dedicated to hire out their labour for food dedicating less time to their own farm. Apart from farming she had no other productive activity she was involved in to bring her household income. Most of the very old elderly 71-90+ were experiencing deterioration of their ability to undertake labour intensive activities, such as farming and income generating activities. Gogo Sintha (90+) and Abiti Braima, both of whom were mobile, were able to farm although their returns were not adequate to contribute to food security in their household. Although Abiti Jee (88); and Gogo Ulemu were younger than Gogo Sintha, Abiti Jee had developed severe arthritis which incapacitated her mobility, making her to rely on her children as her principal providers.

This section reveals how high dependency ratios, poor health and caring for very young OVCs are impacting on most participants' food and economic security. Moser et al., (2009) highlights how the quality and quantity of labour varies according to household size, dependency ratios, skill sets, leadership potential and the presence of productive assets. Unavailability of productive assets and managed health conditions have implications for economic security and food availability because, as Ssengonzi, (2007) and Wangui, (2007) found in their separate studies, that most of the elderly's ability to engage in productive activities was compromised by their immobility and ill-health. Most of the very old elderly in this study lacked access to stable financial assets and human capital (labour) to generate sufficient money required to keep up with the changing economy. Help Age International's (2007) publication on Social Protection reveals that poverty rates were up to 29 per cent higher in households headed by older people (HAI, 2007). This might be due to the fact that in most developing countries older people earn their income primarily through physical labour and so, as they age, their earning capacity declined, making it harder for people to earn and accumulate income. Poverty among older adults, just as is the case among other age groups, aggravates social marginalization, contributes to poor physical and mental health, and erodes the ability to live and function both independently and interdependently.

7.2.8 Destitution

Three of the very old elderly (Abiti Jee, Gogo Sintha and Gogo Rosie) had moved from being employers in their village to ones seeking employment as a result of loss of production capital through thefts and lost time for food production while they were nursing the sick recurrently. This example shows how dynamic poverty can be, and how people can move from being well-off to poverty due to exposure to shocks and stresses highlighted in the SLF (Lloyd-Jones and Rakodi, 2002). It is one thing to live with perpetual lack and another to move from being self-sufficient to dependency, something many researchers have attributed to increased stress levels among most elderly. This relates to findings in HAI's study among the elderly which found that the escalating burden of morbidity and mortality among the prime age members of their families was affecting practical old-age support investments made by the elderly in their lifetime as their private social safety net (HAI, 2003 in Hosegood and Timaeus, 2006). Devereux, (2003) highlights how the impact of HIV/AIDS has led even those who had been relatively better-off into a state of impoverishment and, for those who were already chronically poor, destitution. This stress was pushing most of the ECs into chronic health conditions such as anxiety and depression because of the hopeless situation they were in. Masanjala (2007) alludes to this, that AIDS related illnesses and mortality weaken the capacity of households to re-engage with flexible returns.

7.3 Institutions and processes, Organisations and policies

Institutions were political structures with norms which people draw upon, or claim, in order to give meaning and identity to their lives and relationships (Binden, 2003). These structural norms determine access to various types of livelihood assets, various strategies, decision making bodies and sources of influence. They affect the terms of exchange between different types of capitals as well as benefits of these strategies. They operate at local and central level, in public and private, and influence the conditions that promote the achievement of multiple livelihood strategies (Ibid.). Policies consist of specific legislation or regulations, as well as the norms that guide public action and conduct in a society. Those policies guiding the

programmes of government technical services were established and implemented through organisations (structures) which determine who gets what, when and how (Binden, 2003).

There were identified practices at family, local and central levels which had impact on the ECs' livelihoods. In this section, the matrilineal system as a descent practiced in Chiradzuru, the impact of maternal death and the consequences on the part of the paternal parent and the ECs were examined. Also analysed were the various local and central level pro-poor policies and their direct or indirect impact on the elderly's pursuance of strategies to increase their livelihoods for their household's well-being.

7.3.1 Marriage institution in matrilineal descent.

The customs and beliefs, norms and practices, which a population has, can either help to alter or enhance people's livelihood portfolios (Bingen, 2003). As highlighted earlier in Chapter 6, in the matrilineal system, children born in a family belong to their uncles (the mother's brothers) who, in most cases, live away from their maternal home when married. In the absence of a brother, an elder sister or a maternal aunt of the woman makes most decisions. The father has no practical decisions for his children, rather their uncle does. These decisions range from marriage of children, sickness-health seeking, and death in the household. This is supported by Sear (2008) who found that, in matrilineal cultures, women customarily remain within their biological villages at marriage and live close to their mothers and matrilineal kin. Women were apportioned land by their matrilineal kin when they marry, and farm on this land along with their husband and children.

Maternal death

When death occurs in the study area and in most parts of Malawi, neighbours and family and friends come to the deceased's house to keep vigil for a minimum of three days where food is served by the deceased family. After burial, funeral rites were performed after approximately 40 days usually involving a memorial ceremony known as "*sadaka*" where food is also served to family and neighbours in remembrance of the deceased. This is aimed at pacifying the spirit of the deceased. Funeral ceremonies depleted families' food, livestock and monetary resources such that by the time the man is sent away to his natal home, most of the households

resources were used up, besides the sickness costs. The children were left in the care of their grandmother, most of whom lost the labour support of her husband, the social support of her daughter(s), and now the labour support of the son-in-law, increasing the vulnerability of the household. In most cases the children were too young to farm on their mothers' land, and this is often rented for fear of encroachment if it was left idle.

As stated in Chapter 5, maternal orphans, some of whom had surviving paternal parents, were not getting any livelihood support from them owing to distance and remarriage by their father. Neither were any getting support from their surviving uncles and aunts (their parents' siblings) most of whom could have contributed to the decision that the children should remain with their grandmothers. The family member responsible for making these decisions was usually a male adult member of the family (often the deceased woman's brother) who did not reside in the neighbourhood/compound to support with labour, and was not able to support the ECs with labour. The brothers would have often married and were resident at their wives natal home. A significant element was the role played by spouses in the support of ECs and OVCs. Likely socio-economic hardships in the sibling of the deceased members' households may play a significant factor in limiting support to the OVC care. However, it was quite evident that while financial hardships might have played a role, spousal control of resources might have also played a role in lack of that support. Although some older unmarried siblings within EHHs were instrumental in supplying labour on the farm, the returns were low due to lack of farm inputs and the erratic nature of their labour as they also sought to meet immediate food needs through *ganyu* activities.

The maternal kin experienced increasing dependency ratios of OVCs, significantly lost labour when the ECs needed quantity and quality of labour for food production to raise the OVCs. This traditional practice of sending away the sons-in-law upon the death of their wives could therefore be seen as impacting on both the livelihood of the OVCs and the livelihood of the father. In the part of the father/widower, if their livelihood depended on farming on the deceased wife's land, there is also a loss of a livelihood. However, the widower may quickly regain land capital by remarrying as was often the case in this study. Although some of them were reported to support the OVCs, most surviving paternal parents tried to bond with their children soon after the

death of their spouses. However, this bond tended to weaken with the passage of time, especially when the father remarried. Some fathers were reported to have continued to support their children. However, this support was inadequate because of the enormity the need in the EHH. The impact of loss may be felt significantly in the EHH than the paternal parent as most of them were reportedly remarried. Scoones (1999), on the role of institutions and organisations in supporting livelihoods highlights that, for livelihoods to be sustained it is necessary for the cooperation of a broad range of influences that will order the flow of activities. The matrilineal system in this case can be viewed as a practice that is negatively affecting labour asset in EHH and livelihood activities on the part of the widower and the orphans. Putter, (2003) in her study among the matrilineal kin argues otherwise, however, it should be noted that in 2003, AIDS mortality was not as severe as it was at the time this study was conducted. Most of the families in this study had lost on average 3 children who had left on average 4 OVCs in the care of the elderly members of households, a few of them with diminished labour capacity. While Putter argued that matrilineal societies are protective of orphans, it is true in the sense that there were a few stories of property grabbing as you would expect in patrilineal societies. However, this does not mean that it is successful and resilient to provide for the children in terms of basic needs. The practice is reducing labour on the farm, leaving a greater responsibility on the elderly. As earlier stated, in most instances the uncles and aunts, who reinforce the decisions of custody of the children by grandparents lived elsewhere. This put greater pressure on most of the elderly and older OVCs to provide for the household members. Ordinarily, children who were cared for by two parents were being cared for by one elderly member, usually female, who was herself experiencing deteriorating physical strength. The issue of land grabbing is challenging the matrilineal system especially where land is not in use due to loss of human capital (labour) to plough the land. As highlighted earlier, the principle of “use it or lose it” is taking its course. The fact that some OVCs were being cared for by their paternal kin is an indication that the practice was experiencing reorganisation and adaptation with the impact of orphanhood as a result of increased AIDS mortality in the area, a finding similar to the study by Oleke and others in Uganda in 2007 and Mutangadura in Malawi in 2002). In their study in a patrilineal society in Langi district in Uganda Oleke and others they found that where the paternal kin needed to step

up supporting orphans from their deceased siblings, it was in fact the widows and their maternal kin who were supporting the orphans (Oleke et al., 2007). HIV/AIDS was impacting on this marriage institutional arrangement causing most grandparent carer households to experience food insecurity. Although they continued to engage in activities that brought them income or food, the quality and quantity of their labour was compromised by their reduced physical labour capabilities. The elderly who were previously engaged in livelihood activities, such as wage earning jobs, had given up their jobs to care for OVCs. There was evidence that, alongside the economic burden that child care renders, there was an increased responsibility of active care giving for very young OVCs, which affected the elderly's social capital of friends and neighbours (Ssengonzi, 2009). Narayan et al., (2000) disagrees with the poor's over-reliance on one resource - their own labour. However, for most of the EC's in this study, it was not a choice to rely on their own labour; for most of them it was the shock of sickness and death, coupled with droughts and their own ill-health, which contributed to the chronic food deficit. The International Fund for Agricultural Development (2000) confirms the growing number of households headed by widows and elderly grandmothers, where HIV/AIDS has triggered impoverishment and hunger. They spend life hiring out their labour for food and money and spending more time working in other people's farms than in their own. When rains come they were less prepared to plant, usually planting small portions with inadequate chemical fertilisers and improved varieties of seed to boost their crop yield. With low yields, they were likely to continue to look for opportunities requiring more physical strength and their labour. Inadequate nutrition means their labour output will be compromised, resulting in fewer prospects for future opportunities, contributing to their immediate poverty and intergenerational household poverty due to continuous deficits in assets and resources (Bird, 2010).

7.3.2 Death-customs and beliefs

When there was a funeral in the study area, neighbours, family and friends kept vigil for a minimum of three days during which time food was served and livestock slaughtered by the bereaved household. This had a negative effect on affected households' food stocks, livestock and savings.

Another traditional practice that of demolishing the deceased parent's house upon their death, robbed the children of their inheritance of the housing space they had. The orphaned children were moved into their grandmothers' houses regardless of their condition and capacity. This study found challenges of leaking and overcrowding. However, this study found that this tradition of demolition was slowly being questioned because of the large numbers of orphans now with the elderly who, most of the time, have inadequate housing space. It was evident in one participant who challenged the cultural tradition stating that her deceased daughter's house was larger and in better condition compared to the EC's own house. Some families needed to do a cost benefit analysis to see which practice was more necessary to the survival and well-being of the elderly and the children. This traditional belief, like many others which have been reported in other studies for example (*Fisi*,) virgin cleansing was going through a process of evolution and transformation following the impact of AIDS mortality in Malawi. Ndlangamandla (2007) agrees that culture is fluid rather than static, it changes all the time, every day, in subtle and tangible ways. In Swaziland, some cultures have gone through transformation in response to HIV/AIDS pandemic (Ndlangamandla 2007). The successful practices were continuing to be adapted and handed from one generation to another while the least successful were disappearing. When families realise that nothing is happening to the members of the household when they have overlooked a traditional belief, such as the pulling down of the deceased house, slowly most of the families will follow suit and that will mean that culture is adapting to shocks and stresses in their environment. However, the danger might arise whether Gogo Alice was perceived as challenging tradition by most clan leaders which might be viewed negatively contributing to experience rejection from community leaders and members of her clan as sabotaging their culture thereby compromising future support. On both terms, she can also influence the adoption of this reformation to her grandchildren too. Gogo Alice being among a few young old elderly were questioning the sanity in the belief especially where upholding the custom would lead to overcrowding in her household.

Local Organisations supporting the ECs

7.3.3 Community Alliance for Victimised Women (CAVWOC)

As people age they become more vulnerable to abuse and discrimination. Their lack of a voice and power had made this sector of society open to abuse of both their resources and themselves. Two elderly, Gogo Sintha and Gogo Rosie, were among a few elderly who reported financial related abuse. While this was the case, a few elderly, Abiti Jee, Abiti Brahima and Gogo Sintha, were also being suspected of practising witchcraft and sorcery claiming that they were responsible for the death of their children by the community members and their own children. One striking feature about the abuse was the gender aspect of it in that all EHH who fell into abuse were FHH. This was also found in a study conducted in the district in 2011 and in Malawi among the elderly that most of the elderly especially women have suffered witchcraft suspicion claims by members of their family and community as a whole (Chilimampunga, 2011; Kazeze, 2007). In response to various abuses suffered by most women in general and the elderly in particular the government through the Ministry of Social Welfare and Community Services and support from the Scottish government established Community victim support committees to curb violence against women. Powerlessness and lack of voice had prevented most elderly in question from reporting abuse although they were aware of the presence of support for victims. For instance when Gogo Sintha's household got burned by thieves, she indicated knowing the people involved but that she was afraid to report them by giving their names for fear of retribution. Most elderly in this study had not utilised the service due to fear of the perpetrators most of whom were reported to be the children in their care and their neighbours. So long as the elderly are not empowered and assured of how they will be protected after reporting incidences of abuse, such incidences will not be reported resulting in more abuse experienced by them as perpetrators will know there are no consequences. Whitmore, (1998)'s concept of empowerment states that individuals are presumed to comprehend their own needs better than anyone else and so should possess the power both to define and take action. It assumes that all persons possess the strengths upon which they can build on. It is surprising that despite Gogo Sintha being a village headman, she did not use that authority to bring the perpetrators to justice despite claiming to know the culprits. It did not appear to be easier for the ECs to report crime and abuse

instigated by people they know which leaves most crimes unchecked in the area. Despite the presence of CAVWOC and Victim Support committees in the area, the fact that the Police were involved in these committees was sparking fear among the victims that their own children and neighbours could face arrests. Unfortunately the committees highlighted that they could only act on reported cases, and not hearsays from third parties. Most of the ECs, who were victims of abuse, were mostly women with no able members in their households. This evidence suggests that FHH were particularly faced isolation which contributed to their position of powerless and defenceless to be able to act.

7.3.4 Village leadership

Community leaders, especially village headmen, were very sympathetic, understanding and caring especially when approached for help. This was evident during this study at entry meetings; it was village headmen who pointed out the EHH that were in most desperate need of support in the community. This signified that the village leaders were aware of the situation in the elderly households. The social safety net of Village headmen was apparent in a few households especially those headed by older carers who themselves were unable to pursue livelihoods due to ill health were drew support from the Group village headmen and Traditional authority Kadewere and Mpama for food supply. This is a long time tradition that destitute families find protection at the Chiefs' homestead in African societies, whether through paid work or not. The impact of HIV/AIDS may not have spared the community leadership households and families; however, a few village headmen had a responsibility to look after the most affected households which was quite astounding. This is similar to findings in a study in ten districts in Malawi which also found that most people identified village headmen and marriage counsellors as the people who extended support to cope with disasters (Kadzandira et al., 2001). This finding is similar to Swaziland project, where Community chiefs (Village Headmen) are involved in the care of OVC (UNAIDS, 2006). Although this was generally the case this study found that, in general, there were no significant or sustained community initiatives for the support of the elderly in the study area.

7.3.5 Community Based Child Care Centres (CBCCs)

There was a mobilisation initiative by the community leaders for the support of young OVCs under the age of five. This was well coordinated by the women who had under five children through contributions in the form of food and labour for preparing food. Despite the poverty and droughts, there was a communal spirit evidenced by women contributing food and sharing responsibility to prepare food at the CBCC. Munthali et al., 2014 highlight the importance of CBCCs in that they helped communities look after their own orphaned children, which also helps relieve foster parents to perform other livelihoods. Through, the CBCC, older women were able to socialise with younger women which gave them hope of future support. Through such an engagement, they had built new networks with other women thus contributing to their well-being. The spirit of volunteerism was also evident by young women's willingness to take up the role of minding and teaching the children without any honorarium. Such efforts gave the ECs opportunity to engage in other activities to support their caring role of orphans, while also laying a foundation of social skills on the children.

Pro-poor Policies and governance and Social safety nets programmes

According to Scoones (1999), policies and governance processes can either support or obstruct livelihood strategies that a household would want to adopt, in this case, poor governance led to freezing of donor aid which affected among other things the availability of farm inputs with negative livelihood outcomes by most EHHs.

7.3.6 Village Savings and Loans

In Chiradzuru district Save the Children Fund is implementing VS&Ls and Goat Revolving Loans (GRLs) schemes aimed to reduce poverty among poor households through increasing financial and livestock asset base in households. Both projects had been running for three years at the time of the study. However, there was inequity in access to the VS&Ls and Goat Revolving scheme for the ECs in the study area as evidenced by a lack of participation in the VS&Ls scheme and the Goat Revolving scheme by all EHHs in this study. The study also found that participation in village activities was a guarantee of benefitting from most of the initiatives coming

in the village. Due to mobility challenges that come with ageing process, as well as the burden of care for very young children, most of the ECs in the study are not able to attend meetings and therefore, were side-lined. Most of the ECs interviewed had information on the existence of VS&Ls and the Goat revolving scheme in their community. However, most of the information they acquired was through third party communication for inability to attend community meetings where this information was passed to community members due to several reasons which ranged from immobility due to chronic illnesses, cognitive inabilities, child care, and discouragement due to disappointments from earlier meetings which they perceived young women and men were monopolising the deliberations and misrepresenting issues affecting the elderly. Interaction allows people to connect and to commit themselves to each other, and to knit the social fabric in a society. According to Portes (1998), society comprises of social groups who control attitudes (norms), beliefs and access to resources and opportunities. To own social capital, the ECs needed to connect to SCF staff and VS&L groups, and it is these who would have supplied them access to loans. A few who tried to join existing VS&L groups experienced resistance from young women due to fear of default and a lack of able family member to repay the loan in the event the elderly women were not to repay. This concurs with a study conducted in Zimbabwe among grandparents which found that most elderly who had adult children were allowed to participate in credit programmes than those without adult children (Veenstra et al., 2005). Although according to the microcredit discourse in group collateral loans, group members take mutual obligation for loan repayment, in reality, joint liability is a fact only at the Institutional level, for group members, members' kin function as security for microloans (Dyer, 2004 in Cleaver, 2005). Those grandparents who have lost all their children eventually get side-lined as was the case in this study. Their perceived low status limited a few ECs who wanted to join existing groups to negotiate and succeed to participate, For instance, Portes (1998) revealed that if a person has a higher social status in the community, it means they are potentially able to negotiate for services such as credit or to organize others to partake in networks of support and membership in organisations that individuals can draw on to achieve collective action (Ibid). A lack of connecting to social capital networks of individuals and groups with political power by the elderly as revealed in

this study limited their access to services such as VS&Ls and Goat Revolving schemes.

As revealed by most of the ECs during interviews, at community most of the times they felt deceived by the prime age members most of who seemed to want to help them make contributions to deliberation, while advancing their own ideas. Loss of hearing that comes with ageing was also the reason why most of the ECs affected were not availing themselves to meetings where development interventions in the community were disseminated. This agrees with a study conducted by Narayan, (1997) which found that when the elderly participated in community/ public meetings they were constrained by their incapability to coherently articulate their ideas. Even when they speak, their voices carry little force to be able to wield power. This had affected the elderly's participation in various local initiatives going on in their villages, with their needs remaining unmet. A few studies have also reported that most vulnerable groups to which the elderly belong were bypassed by information on initiatives that can lift them out of poverty (Ngwira et.al, 2001; Moser, 1999). It was striking to learn from nearly all of them their knowledge of initiatives going on in the area which was marred by hearsay, which lacked the necessary strategic information to assist them in making informed decisions. A few ECs who intended to participate in the VS&Ls by joining existing groups of women experienced age-based discrimination, affecting their household strength and well-being. An evaluation report by the Malawi Social Action Fund, a government safety net implementing programme, found that the poorest of the poor, to whom most elderly households belong, did not form part of the beneficiaries of the Public Works Programme (PWP) and Food-for Work programme (FFW) (Nhongo, 2004; Devereux, 1999). Programmes tend to recruit beneficiaries based on their fitness and perceived ability to work to produce returns and, if it is credit, the ability to repay the loan is usually an essential entry criterion. In credit groups, they were perceived as a liability to the group members, especially when group solidarity acts as collateral in obtaining a loan. This contributes to the members' unwillingness to accept them into their groups. Such recruitment structurally excludes the elderly. Their passive engagement with each other limits the elderly's ability to form pressure groups to demand services and support. A few studies have highlighted that, with the loss of their adult children, the elderly suffer isolation in communities in which they live

(Foster et al., 2007; Mathambo and Richer, 2007). Narayan et al., (1997) and Cleaver et al., (2004) observed that the protection of poor peoples' social position depends on being perceived by others as good, hardworking, trustworthy citizens in the village, which is often secured and reinforced through their willingness to participate in village events. As much as the elderly suffer social exclusion from members of organised groups, they also self-exclude themselves from initiatives and groupings that were meant to uplift their families due to low levels of confidence from cognitive impairment. Narayan and Shah (2000) reported organisation as one of the most important development assets often overlooked by the poor as highlighted in this extract:

“If we aren't organised and don't unite, we can't ask for anything,” said a woman.” (Florencia Varela, Argentina, in Narayan and Shah 2000: page 7)

However, in this study most of the ECs lacked confidence requiring that project officers make deliberate effort to mobilise and organise the elderly to participate in both the VS&Ls and the GRF. Currently a gap exists in the ability of SCF project officer to engage with marginalised and “voiceless” groups, which can often result in most poverty reduction programmes not meeting their desired goals.

7.3.7 Farm Input subsidies

The FISP appeared to be improving access to chemical fertilisers for most poor people in Malawi, which in turn boosted their crop yields making their households food secure. However, the strategies for the implementation of this policy were not responsive to the needs of the elderly in this study, especially those with mobility problems. Unfavourable reviews from the elderly participants in this study were made regarding their effectiveness of the implementation of this policy.

7.3.7.1 Distribution of Subsidy coupons

Registration and distribution of coupons were taking place at community meetings which were reported to be inaccessible by the very old elderly with mobility problems. Although its target beneficiaries were meant to be the labour constrained vulnerable groups, in practice, most of the EHH who had adult children, received low amount of coupons as they were perceived to have able-adult members who could

afford unsubsidised farm inputs when most of these adult children were unemployed. The fact that they were residing in EHH is proof that they could not live independently. Chirwa et al. (2010) in their study on FISP in Malawi found that most community leaders found problems to apply the criteria of vulnerable households to assign coupons. Apart from that Doward et.al (2010) noted that there were a large number of vulnerable households in most of the communities in Malawi relative to the number of coupons assigned which might have contributed to most of the EHH not getting adequate number of coupons to purchase both chemical fertilisers and seed. This affected their food crop production and security.

7.3.7.2 Affordability

Seven out of the ten elderly cases reported to have sold one coupon to the members of the elite in the community to be able to buy one bag of chemical fertiliser. The lowest number of coupons a household received was reported to be two. The fact that the farm inputs were subsidised did not mean that they were affordable by most of the households. Of the seven households who could not afford to redeem their coupons, six were found to be FHHs, and out of the six, four were able to acquire chemical fertiliser while two were not due to problems of scarcity of chemical fertiliser for one of them, and the other due to the financial abuse she experienced highlighted earlier in the chapter. This findings is supported by earlier 2008/2009 study in Malawi on the impact of FISP that FHH experienced affordability challenges revealed by the lower rate in average of purchasing of fertiliser in FHHs (Doward et al., 2010; SOAS, 2008 in Chirwa et al, 2010).

7.3.7.3 Accessibility of FISP markets and corruption

Most old to very old ECs reported their inability to access subsidised farm inputs because of distances to get to the markets. FIS fertilisers and seed were sold at Agriculture Development and Marketing Corporation (ADMARC), which were regulated government markets where there were adequate storage and secure structures (Kadzandira et al., 1999). These markets were sparsely spaced just as were other public centres, hospitals health centres. Secondly, the supplies of subsidized chemical fertiliser stocks were erratic. Freezing donor aid to Malawi

affected the country's foreign reserves to import chemical fertiliser and other goods. The result was erratic supply at most of the centres. Farmers could queue all day hoping they would get fertiliser, but even when fertiliser came it was marred by corruption and favouritism of the depot staff. To get fertilisers farmers often times had to push through the queues, something most of the elderly reported discouraged them to make another trip. This agrees with the findings of earlier studies done fourteen years ago, where poor farmers felt dissatisfied with the way ADMARC staff were open to bribery in obtaining starter-pack seeds and chemical fertilisers (Kadzandira et al., 1999: 60). Most farmers needed to make a few trips to ADMARC before being able to get farm inputs. Those who cannot make such trips exposed their finances to being abused by those they sent to fetch them the farm inputs. Planting and application of fertiliser application requires to be done at a specific time of the farming season. Yet because the acquisition was so erratic most of the elderly ended up missing the specific time to yield good results. This affected the production of maize, which is the staple food in this community. Three elderly households were fortunate to harvest enough to last on average five months, while most of them only three months.

One of the agreements at the *Second World Assembly on Ageing*, held in Madrid, Spain in 2002, was to ensure active participation in society and equal access to social protection and development for ageing members. As a signatory to the agreements, there is a need for the government of Malawi to consider bringing markets closer to most of the ageing populations.

7.3.8 HIV/AIDS and Business Management training

It is argued that the growth, in Africa, of non-governmental organisations (NGOs), including CBOs, has taken place as the role of the state in the provision of social services diminishes (Ferguson, 2006 in Wangui, 2009). Resources that would have been channelled through the state were now being channelled through NGOs and CBOs. In Chiradzuru district most CBOs were linked to the state, as most have been established by the local government structures. However, most elderly in Chiradzuru were clear about their marginalisation especially in training session as well as in other NGO/CBO initiatives. On HIV/AIDS training, this finding is similar to earlier

studies conducted in Malawi, Uganda and Zimbabwe, which found that most training in HIV/AIDS seemed to marginalise the elderly, largely because of age-based discrimination in thinking which assumed that they didn't need the knowledge because they were deemed sexually inactive (Kazeze, 2004; Foster et al., 2011; Nyambedha et al., 2003; Ssengonzi, 2009). As a result of this lack of knowledge, most of the elderly reported their reluctance to let their grandchildren get married because, for the elderly, giving their grandchildren into marriage was likened to passing a death sentence on their children. Most of the elderly were uncomfortable about a marriage that would expose their children to contracting HIV. They kept saying that marriage, these days, is a warrant for HIV/AIDS and death. It was apparent that knowledge about the transmission and prevention of HIV/AIDS was lacking among most very old elderly. It is likely that the elderly caring for OVCs may pass on wrong information to the OVCs in their care. The elderly were gatekeepers of cultural and traditional beliefs, some of which have contributed to the spread of HIV/AIDS. As such; there is increasing need for HIV/AIDS awareness training of the elderly to support prevention efforts in their households.

In Business Management training, the study found that none of the ECs in this study had attended any Business Management training, which had been conducted in the area. This resulted in all EHH in the study side-lined with information on the criteria to qualify to join as evidenced by most of the ECs who did not have the correct information. None of the ECs have benefitted from the VS& Loans scheme which is aimed to help vulnerable households boost their cash incomes highlighted in section 6.3.3.5 above. The pro-poor policies and social safety nets programmes FISP, the VSLS, and Business Management training are all strategies put in place to respond to the impact of HIV/AIDS at household level. At the same time most scholars and researcher have alluded to the fact that the population that has been impacted the most with HIV/AIDS are children and the elderly, at the same time they are excluded from programmes that are meant to alleviate their plight. The country like Malawi has no social policies in place to support the growing number of orphans in need to care, such that the responsibility is borne by communities and families especially the elderly with little economic backup to support the orphans. Apart from distal HIV/AIDS prevention interventions, social factors such as poverty have been recognised as structural drivers that influence HIV risk and vulnerability (Parkhurst,

2012; Farmer et al., 2006; Gupta et al., 2008). Without identifying and addressing the core structural drivers as well as the populations that have been affected the most when implementing these kind of programmes, implementing agencies ran a risk of not checking the behaviour that puts individuals at risk of infection such as indulging in transactional sex and marrying aged men to receive support. Poverty, apart from wealth, age, gender, policy and power are some of the broader structural factors that shape or constrain individual behaviour (Gupta et al., 2008) which must be integrated in projects and programmes addressing HIV/AIDS without which structural violence will continue to be endemic and progress towards beating HIV/AIDS infection rates.

Other National initiatives for the support of the elderly in Malawi but not available in the study area

7.3.9 Social Cash Transfer (SCT) programme

This was a vital intervention for the elderly, especially in countries such as Malawi where there is no universal non-contributory pension (Kazeze, 2007). The Social Contributory Pension is only available to those who were in formal employment and now retired (Global Action on Aging, 2006). Even then, the monthly pension depends on the wage earned. The lower the wage, the lower the pension, with individual and company contributions calculated on the total income of an individual. Most of the elderly in the rural areas of Malawi were unable to qualify for a contributory pension, as they were in the informal sectors as subsistence farmers. For most of the elderly in the study area, AIDS deaths have deprived their old age of support -labour and cash remittances, requiring the need for SCT programmes as a safety net. During this study, there was a SCT pilot programme targeting seven districts and two Traditional Authorities in each of the districts. In 2007, an impact evaluation programme revealed a remarkable 80 per cent improvement in Health and Nutrition in the targeted EHHs, while education enrolment rose by 87-95 percent and food security by 90 per cent. Apart from this, households were able to purchase livestock and improve their housing structures (Miller et al., 2008; SCT Evaluation Report, 2007). Such achievements were also found in other countries such as Zambia,

South Africa, Lesotho and Mozambique where SCT schemes were being implemented (Vincent and Cull, 2009).

There are also other local organisations: Community of St. Egidio, The Bingu Silver-grey Head Foundation and Elderly Association of Malawi, who were engaged in socialising the community to scale up support for older people realising the missing generation of their source of social support their adult deceased children. However in these organisations had not reached the study area.

The Impact of freezing of donor aid on Livelihoods for ECs

As stated in chapter 5 between 2009-2011 foreign donor aid to Malawi government was frozen following what was perceived as oppressive and autocratic rule of the late Bingu administration by most traditional government donors. The result, amongst others was the fall of price for tobacco on the market. This affected subsistence vegetable growers due to influx of tobacco farmers to growing vegetables in the area. Most of the elderly could not face the competition of the previous tobacco farmers and the result was the loss of market for the vegetables they were producing. This has impacted on cash incomes in their households to meet basic needs especially that most of the EHH were relying on maize purchased on the market which required that they have cash for exchange.

Secondly most hospitals and health centres experienced inadequate supply of drugs, while public service personnel like health workers, worked months without getting paid, which affected service delivery. The lack of understanding of the political situation of the country may have led a few of the elderly to feel they had been discriminated against by the health personnel when they visited a health centre and been informed that there were no drugs. While this was the general situation after donor aid was frozen, most elderly reported their lack of trust in the health personnel and felt discouraged to use the health centre. The study by Goodman et al. (2007) noted that, despite their health needs, care giving grandparents of orphans rarely seek medical help for themselves and those in their care, which is due to problems of access resulting from both mobility issues and a lack of transport and user fees. The implication, for the elderly and the children in their care, is that serious health problems will not be detected early enough for either group to receive adequate help.

Most carers reported self-medication, using traditional means, left over medication from previous patients in their household or, where there has been no means of getting to the health centre, just letting the sickness heal by itself. The result of not managing their health conditions is that they were unable to provide quality labour on their farms. The current caring role the elderly were engaged in, good physical and mental health is of the utmost importance to enable them support their households. The 2002 *United Nations Madrid International Plan of Action on Ageing* (MIPAA) and the 2003 *African Union Policy Framework and Plan of Action on Ageing* (AU-Plan), urge the development of health service provision strategies for Africa's older people, seeing this as a way of realising their right to health, and as a way to encourage their valuable contributions to both family and society.

7.4 Livelihood coping strategies the elderly were using

This section presents an analysis on how the elderly were making use of these livelihoods assets to convert to livelihood strategies. The study revealed a gendered difference in the choice of livelihood assets and livelihood strategies in FHH and MHH which achieved different livelihood outcomes in their households. This finding agrees with Sen's concept of equality which focuses on the difficulties faced by individuals to convert assets, to accomplish primary goods (eg good health, dignity, freedoms unlimited) to enable everyone to determine their sovereign life project (Sen, 1987).

The Gendered choice of Livelihood strategies in this study

Gender and asset status influenced the way the elderly households responded to the impact of the stress of orphan care. Gender differences were observed, for example, in the choice of livelihood strategies and productive activities households resorted to for the support of their households. Nearly all MHH had access to production assets that facilitated activities that yielded better returns such as silos, blocks of rooms for rent, livestock and a bicycle hiring business (Gogo Ibu) which at the time of the study he was not using because of his visual impairment. On the other hand, FHH had no

access to production assets other than land which forced them to pursue agribusiness (vegetable and sugarcane farming, and sale of doughnuts). This diversity of their livelihoods did not result in long term livelihood resilience. Most other FHH relied on reactive strategies resulting into no accumulation of resources locking their households into poverty.

It was noted that most male households had access to cash, which was realised through using production capital and converting fluid assets into cash, apart from the sugarcane plantation they also practiced. This finding supports earlier findings in Tanzania and Uganda that MHH have a higher rate of affordability to accumulate production assets that yielded them positive returns in their households than their female counterparts (Rugalema, 2000; Karuhanga Beraho, 2008). Studies in Malawi have also highlighted household headship as a gender issue, as it involves decision making process over consumption and production processes within the household. Given the culturally tolerated male control of resources and their disposition towards cash crop production in most societies, including Malawi (NSO, 2008), it is reasonable to conclude that MHH have adequate access to cash. It is also true that the able-bodied males were generally better able to utilise assets that bring significant amounts of cash resulting in food security in their households than their female counterpart.

It was also evident the MHH (2 out of 3) were able to maintain their children in high school than FHH (4 out of all 7). Households with limited access to finances were evident from the number of children out of high school from lack of tuition fees which were mostly FHH. These were the households whose members were using unsustainable livelihood strategies which were mostly reactive, such as scavenging for food, begging, where sustainable means of survival and coping for themselves have failed; quite similar to earlier studies (Bryceson and Fonseca, 2005 in Masanjala, 2007). Alumira et al. (2005) suggested that the traditional subsistence role FHHs have been engaged in were responsible for low cash returns. Women were more inclined to practice petty trading due to their low access to cash income. According to Masanjala (2007), widowed rural women, and FHHs in general, lack access to cash and/or credit to purchase high yield-crop varieties or chemical fertilisers to boost crop production, which is mostly subsistence in nature. With inadequate access to livelihood assets, FHH were less able to cope with the

economic shocks and prices trends, leading to marginalisation and hardships into making sub-optimal choices (Loewenson and Whiteside, 2001; UNAIDS, 2002 in Masanjala, 2007).

This may be due to the fact that in most developing countries older people earn their income primarily through physical labour and so, as they age, their earning capacity declines, making it harder for people to earn and accumulate income. Poverty among older adults, just as is the case among other age groups, is responsible for the social marginalization. This was affecting the EHH members' well-being eroding their ability to live and function both independently and interdependently.

7.4.1 *Ganyu*

There were two categories of households, one that was using *ganyu* to address the immediate food crisis and another that was perpetually reliant on *ganyu* as a source of livelihood. So for these households, Whiteside (1999) highlights that *ganyu* had moved from an occasional coping strategy to a regular livelihood component. Unfortunately, Whiteside's study found that *ganyu* rates had become lower and, therefore, not sufficient to invest in livelihood development. This meant that in most households, between the periods of food deficit to harvest time, older OVCs were engaged together with their ECs on both their farms and in hiring out their labour. Households where all members were engaged in *ganyu* activities were able to secure at least a day's meal. A group among the older OVCs were providing all the labour on the farm as well as hiring out their labour to provide for the livelihood needs of the entire household, because their incapacitated carers were unable to do so. For these OVCs the survival of the elderly was dependent on their providence, while the elderly provide domestic support in terms of cooking. This is contrary to the assertion of other studies who have viewed orphans as causing a burden of care to the elderly (Ssengonzi, 2009; Monasch and Boerma, 2004). There was a reciprocal engagement through harmony in distribution of services in these households, which translated into a positive outlook for their situation. Wood et al. (2006) point out that children were becoming carers of their grandparents; roles that often compel them to drop out of school or attend it irregularly. Their 'childhood' then disappears so quickly, following the illness and death of their parents. There were also perceived longer-

term implications for the children's education, as children were spending more time, most of the time travelling long distances to get *ganyu* opportunities.

Droughts and inadequate harvests had made *ganyu* opportunities increasingly scarce in Malawi especially that most rural poor households were increasingly relying on this strategy which unfortunately runs as a seasonal activity. Those EHH with capable members were able to look for the opportunities which involved traveling longer distance to access these opportunities, especially the old and very old sometimes to neighbouring districts- Thyolo, Mulanje and Phalombe. However, those in need of *ganyu* as a coping strategy to supplement their food deficit were not able to travel these distances. A significant number of those able to travel were older OVCs. However, working far distances was perceived to affect the amount of cash that is brought home for the entire household to benefit. OVCs that were able to make the trips were reported to use the money realised on the way due to hunger and the need for shelter, before they got home. This reduced the amount of money they were able to bring back home to benefit the entire household. The disadvantage of *ganyu* is that it is seasonal, often concentrated between the months of October to February (Whiteside, 1999), and governed by supply and demand when agricultural tasks have to be done. This is the same period when the poor households were desperate for a source of food. Unfortunately, the seasonal need for *ganyu* had profound implications for some households, as the timing coincided with their own farm labour requirements, pushing a few households into perpetual food deficit. The low nature of *ganyu* wages, giving the most minimum wage necessary for survival, means most households were unable to earn sufficient money, especially in female headed households, to have surplus to invest in a long term sustainable livelihood. Although in all the cases there was certain amount of resilience in the households using *ganyu*, it came with the cost of missing school on several occasions, in older OVCs. This trend if it is not checked could lead to most OVCs not doing well in school, thus disinvestment already likely to lead into intergenerational poverty.

The dependence on cash incomes in the EHH had increased due to food deficits which was compelling most of them to obtain their food from the market. At the same time, devaluation of the local currency and a lack of control of prices for basic commodities including food had increased the need for more cash incomes by most households. Evidence from studies confirms the predominance of agriculture labour,

in rural areas, as both a regular source of livelihood and as a coping strategy, through intensification, in difficult years (Whiteside, 1999).

Ganyu as a gender issue

Ganyu as a livelihood strategy choice is also a gender issue. While men of their age were generally able to get petty job opportunities such as *ganyu* highlighted in the section below, women were being viewed as less productive and frail, ending up not getting opportunities - although opportunities had been reported to be scarce due to droughts. According to Whiteside, (1999) *ganyu* activities do not favour women, as most hirers perceive them as not being sufficiently fit labour to do *ganyu*. According to Devereux (1999) and Whiteside (1999), women were constrained with household commitments which affect available time to travel long distances to get opportunities such as *ganyu*. Most of the elderly female carers were worried about the rates being paid when they asked for *ganyu*, and the same was true for girls. This concurred with findings from previous studies in Malawi that, due to men's perceived strength, their pay was considerably higher than that of women (Ibid.). Men generally have privileged access to income and have control over fundamental household resources. So, the loss of the male parent/grandparent has serious implications for the resilience of the affected households, in relation to food security and livelihood diversification in particular.

Another factor affecting household livelihoods was the gender of the OVC which also played a role, in the sense that male OVCs were more readily able to get *ganyu* (piece work) opportunities to support themselves and their households compared with female OVCs. That was also the case with the ECs, male carers were said to be preferred by *ganyu* employers due to their being perceived as being muscular and stronger than were their female counterparts. The result was that most FHH with girl-OVCs were less resilient than MHH.

7.4.2 Meal rationing

Most households (six of the ten households) in this study were having one meal a day while a few (4 out of ten) were having two meals a day. The study took place during harvest time so there was no household that did not have any food. Food was being rationed this way to spread the food stocks through a longer period of time to

reach as close to the next harvest as was practically possible. Furthermore those who were living on a meal a day did so to minimise the period of time the household will have acute food insecurity and rely on informal safety nets of family support and *ganyu*. Devereux, (1999), in his study in Malawi found that droughts and the impact of HIV/AIDS mortality contributed significantly to food deficits at both household and national level. This resulted in informal safety transfers confined to extended family networks. However, this study found that a few EHH had relied on members of their extended family and Village headmen for support. Most of the EHH could not rely on their extended family members safety transfers due to the fact that they were also equally in food deficit or that they did not have command of resources decision making capacity to extend support.

7.4.3 Scavenging left over harvests

This strategy is seasonal and short term only practiced during the harvesting period. It is not giving EHH any resilience especially in communities where droughts were widespread. A few unsuccessful OVCs beg for maize husks at local maize mills as a survival strategy. This was perceived as not always guaranteeing most of the children success in an area where most households were in food deficit such that they would collect all the maize products after pounding and milling the maize.

7.4.4 Small scale business and Agri-business

Those who had access to capital income and production capital were engaged in small scale business as highlighted in the section on diversification. This was vital in a community where households must obtain increased proportion of their food from the market. One would think dependence on off-farm cash income opportunities would increase as a result of this. However, as highlighted earlier a lack of start-up capital and age-based discrimination prevented many elderly households to engage in small scale business. Renting out part of their land to realise income was another strategy a few EHH employed to realise income. However, this did not result in the elderly realising any income as those involved highlighted failure to honour the agreements. It appears that either the elderly were taken advantage of because of their perceived powerlessness or that the farmers who rented the land were also

struggling to make income from the plots of land making them unable to meet their rental payments.

One thing the study realised was that the health of the household head was an important factor to convert productive capital to livelihood strategies to realise income. Gogo Ulemu and Gogo Ibu had a bicycle which they were at the time of the study unable to use as they had done before by using it to transport people to various service centres. Both ECs were not able to use the bicycle due to chronic health problems.

7.4.5 Extended family and neighbours

A few households claimed to have relied on their extended family when they envisaged their family members were able to provide support; others beg from friends. Traditionally, for the elderly in SSA, their main source of support has been the household and the extended family, supplemented by informal mechanisms such as kinship networks. According to Cohen and Menken, (2006) such networks of support were experiencing redefinition due to poverty that has been perpetrated by a decrease in livelihood portfolios, as a result of social and ecological factors. Most of the old to very old elderly were experiencing a decline in networks of support through loss in capabilities and the deaths of friends. Communal sharing of food, whereby households could prepare food and bring and eat together, that was familiar in communities in Malawi was slowly disappearing due to the food insecurity, which has compelled households to ration food to make less food last longer. Wangui (2009) points out that reciprocity becomes degraded under prolonged stress. Owing to the stress of droughts, labour shortfalls and a lack of farm inputs to boost crop yields most households' communal sharing of food is experiencing increasing strain. Familiar support networks played a significant role in a few of the households (two out of the ten households). Familiar support networks had been weakened due to the widespread droughts and socio-economic hardships perpetrated by devaluation of the local currency and a lack of price controls on the market resulting into traders increasing prices for basic commodities (Cammack et al., 2009). In their study, Cammack and others found that more respondents in the rural southern area of Malawi had been refused assistance from relatives and friends citing poverty as the

main reason (Cammack et al., 2009). Famine literature in Malawi highlights that informal safety nets diminished as food insecurity escalated affecting even familial networks (Devereux, 1999; Ellis et al., 2003; FEWS, 1998; Chambers et al., 1989). This evidence concurs with these study findings that there is social safety nets devaluation with increasing droughts and food deficits in most rural communities in southern Malawi. Most households were observed sharing food with own household members, inter-household sharing of food was observed only in two of the 10 households. As Cleaver (2004) found in his study, for kinships that were poor both materially and psychologically, such ties can be fragile, contested and constraining. The experience of AIDS by individuals in most households and communities has led to an increase in the number of impoverished households, worsening those that were already destitute (Masanjala, 2007). It does not, however, mean that those extended families were not willing to provide support to the elderly households, but that even they had very limited socio-economic and material resources to be able to extend support. In this case, in this study, it is not about the case that social capital networks that were there were no longer in existence, as other studies will have us believe, rather poverty has reduced the amount of contact and support in most of the households. Cleaver (2005) holds the opinion that social capital that is reliant on well-built ties between immediate kin members, neighbours and close friends safeguards against the vulnerability of the poor. While this may be true in the case of this study area, these social capital networks had been weakened by AIDS mortality and droughts as this study found. This coupled with few CBOs and NGOs who were less able to mobilise the elderly were contributing to debilitating the situation of most of the poor households and EC households in the study area. On their own, the elderly lacked the confidence to mobilise, requiring a push through the mobilisation efforts from the NGO and government agencies operating in the area. Narayan, in his study in Tanzania, found that:

“...households living in villages with higher social capital networks, their levels of income were higher. According to such views the mechanism by which associations generate prosperity were largely related to improvements in transactions, the members have access to more information enabling them to coordinate activities for mutual benefits.” (Narayan, 1997:7 in Cleaver, 2005:893)

Households with an increased number of able bodied members and a fewer number of dependent OVCs were found to have adequate food, increased well-being, which was measured by good health, happiness, modest house structure and clothes. Their livelihood strategies were more of proactive and positive, which enhanced their livelihood assets, while the opposite was the case for food insecure households.

7.5 What constituted resilience in EHHs

What constituted resilience in all the households in this study was diversification of assets and converting these into livelihood strategies to realise positive outcomes such as food availability. There was a level of diversification of some sort ranging from hiring out labour, selling doughnuts, agribusiness, livestock and use of production capital. According to Campbell (1999) and Smucker and Wisner (in Wangui, 2009), rural livelihood diversification has, for some time, been a crucial livelihood strategy, particularly in times of stress and shocks such as droughts, disease outbreaks and climate change. Households experiencing food deficits and who were also unable to meet basic needs in study area required that they secured food entitlements through purchasing on the market. For the elderly experiencing labour constraints, cash was an important asset, which could be realised by converting other assets. Apart from that a few households relied on resources outside the household such as friends, remittances from siblings of the deceased, as well as the social safety net of village headmen. This concurs with findings from a longitudinal study of rural households in Western Uganda where external support including remittances from relatives working in towns and larger family sizes supported their ability to cope (Seeley, 2008). Large network of kin family members was important for the provision of effective safety net for man households affected by HIV/AIDS although the same may have been a challenge due to additional mouths to feed that can drain their resources to extend support to. Unlike in the study in South West Uganda, in this study economic migration more than marriage was also found to be a coping strategy for a few families. Members of the family who prosper find themselves working and feeding their poor kin members due to the impact of HIV/AIDS (Seeley et al., 2008; Ngwira et al., 2004). Apart from kin network and friends, this study found that community leaders (village headmen) were also

instrumental in providing support to many poor elderly household members in need. Although, they themselves had not been spared by the impact of the epidemic, they were able to appreciate the situation of the orphans in elderly households. This study did not find dissolution of a household in response to poverty and a lack of support like was the case in Seleey's study

Most of the ECs interviewed had no savings or regular incomes to respond to the rising costs of basic commodities. Most elderly households caring for orphans were female headed households. Masanjala (2007) reiterated that FHH and especially elderly women face economic marginalisation as they have limited access to resources and opportunities. Stroke (2003) and Moser (1998) agree with this, highlighting that the level of assets a household has will allow them to respond to stresses and rising prices, and stresses regardless of their severity and impact and allow them to develop coping mechanisms. A study in Kenya highlighted that non-farm income is important to the enhancement of food security in rural households (Wangui, 2009). These economically active households were also able to send children to high school.

Earlier studies have found a close connection between household labour availability and access to food (Southern African Development Community Food, Agriculture and Natural Resources Development Unit Vulnerability Assessment Committee SA Development, 2003 in Wangui, 2009). Labour diversification was possible also where there were older OVCs who were using their labour on their farms, hiring it out or scavenging for food. Apart from that, *ganyu* opportunities were contested by an inadequate provision of labour and limited opportunities. Most often EHH members were selling scavenged left-over corn to obtain cash, in order to procure other essential basic needs. Although this was the practice, most of those households who were involved were still not food secure because they had no quality time spent in their own fields which over time had turned to a vicious cycle of significant food shortfalls. Development researchers have alluded to this fact, saying that not all rural livelihood diversifications can always lead to long term livelihood resilience (Devereux & Maxwell, 2003; Orr & Orr, 2002; Smucker & Wisner, 2008 in Wangui, 2009).

Three of the study households were still able to access cash through sale of vegetables and sugarcanes, while one was able to rent out his productive asset to realise cash income. These households (one female, and two male, headed households) were food secure, when they employed food rationing. Use of production capital, sale of vegetables, doughnuts and sugarcanes highlighted above were other diversification efforts EHH were engaged in which contributed to their households' resilience. However, the EHH who were involved in these strategies were a significantly low number. Access to cash, for most of the elderly households, had been through the sale of surplus crops after harvests as well as from the sale of vegetables, sugarcanes and cassava grown predominantly as cash crops and not from credit institutions.

The social exclusion faced by the elderly in many communities limits their access to networks that were beneficial to accessing credit (HAI, 2005; de Waal and Whiteside, 2003). This is what current debates term as structural violence which is referring to the endemic inequalities of societal structures that perpetrate gross poor imbalances that people's quality of life varies substantially. Uneven resource distribution- income and of course political power are as a result of structural violence (Rupesinghe, & Andeelini, (1998). This study found that important information, necessary for making claims for credit and food entitlements, was bypassing this study population who had limited social community-based networks. Most elderly have lost this capacity due to the aging process. This finding is similar to other studies who found that aging affects production output, most elderly lose their earning capability so that such things as basic needs - food and good nutrition - in their households were compromised (Tamasane and Head, 2012; Ssengonzi, 2007; Wangui, 2009; Heslop and Gorman, 2003).

Households which had more than one able adult to productive labour were relatively better off compared to households with high dependency ratios. Apart from that households who had productive capital that they were able to make use of such as dimba garden, blocks for rent, bakery were also relatively better off compared to those whose assets had deteriorated and the capacity of the household head to transform their labour capital of themselves and other household members was inadequate.

7.6 Linking the study findings and the Conceptual framework

The SL framework aided the analysis of the main vulnerability factors that were affecting the ECs' livelihoods and the relationships between these factors. The elderly were caught up within a web of interlocking vulnerabilities – their own physical health, environmental- economic, political, governance, ecological, the shock of HIV/AIDS which were standing in the way of their pursuance of livelihoods to support their role to care for OVCs. The SFL has aided analysis of the impact of this vulnerability content on livelihood assets of the elderly especially the significant impact the shock of HIV/AIDS sickness and death and the stress of an upsurge of OVCs in the EHH. The long wave of AIDS sickness and its impact on livelihood assets -human, financial, social, natural and physical capital have been explored in this study area. The long wave of HIV/AIDS disease has resulted in multifaceted loss of assets through non-engagement in productive activities because of nursing the sick. As time went, most elderly have dug deep into their own savings- financial and fluid assets such as livestock, some of their productive assets lost through thefts or sale of assets to meet hospital and transportation etc. This has indeed resulted into most households being pushed into a state of destitution with no hope of coming out from this state. This study agrees with the SLF that when household assets are exposed to shocks and stresses, a household can be hugely impacted and pushed into poverty. Households that were able to feed other poor households are themselves looking for opportunities to hire out their labour. Assets which were used in pursuit of livelihoods such as ox-carts, financial capital and livestock have been lost. This is what Lloyd-Jones and Rakodi, (2002) termed as the dynamic of poverty- that individuals and households can be pushed into deep poverty due to shocks and stresses apart from seasonality's and economic trends. Through the SLF a broad and systematic assessment of the factors that were causing or perpetuating poverty among Elderly households have been identified and analysed. Operating institutions, processes and policies, their support as well as shortfalls in reaching out to this target groups such as Farm Input Subsidies (FIS), Village Savings and loans (VS&LS) were analysed. Also analysed were the various levels of assets, their relationship with choice of livelihood strategies and livelihood outcomes that were being realised by the ECs' households. This analysis of livelihood assets and

strategies will help development agencies to enhance the strategies being adopted by the elderly for positive livelihood outcomes in their households.

Through this analysis using the SLF, this study concurs with other scholarly literature on livelihoods that for livelihoods to be sustained there is need for a cooperation of a broad range of factors, the local institutions and norms, the local organisations, the central government policies and agencies. For instance, the matrilineal system of marriage in the study area negatively affects widowers' livelihoods upon the death of the wife which this study found. Additionally, pro-poor policies that do not take into account the needs and capabilities of the elderly were not supporting the target group to realise their livelihood objectives. This analysis, it is hoped, will aid development planners the ability to facilitate planning and implementation of more effective development interventions to support the elderly caring for OVC (DFID, 2000), which is what the SLF is aimed at.

However, this study noted the role of poor political governance and the consequence of donor aid freezing on the livelihood assets and strategies of the poor. This study found that donor aid freezing impacted on prices for commodities such as tobacco which pushed most tobacco farmers to resort to growing crops traditionally grown by most elderly which ended up in stiffening competition for the EHH. This also affected their livelihood. Again freezing donor aid affected purchase of imported goods, such as fuel and chemical fertiliser which were unavailable. This led to a lack of control of market prices even for the most basic goods. Most of the EHH could not afford the goods such as paraffin, soap, sugar affecting their well-being. Scoones (2009) points to the failure to link livelihoods to governance issues that have come into the discourse, its failure to connect the state and politics and governance regimes as they emerged. For instance, what was perceived as poor governance in the late president Dr. Bingu Mutharika's regime in Malawi led to donors pressing sanctions on the government by freezing of aid affecting livelihoods of most poor households including the elderly in the country.

7.7 Conclusion

This chapter looked at the context of HIV/AIDS in Chiradzuru district, the study area, its impact on various livelihood assets in the EHHs. It has also highlighted the role of

the matrilineal marriage system in fostering decision of OVCs in the study area. The chapter has portrayed the impact of AIDS mortality in the households of the elderly, the various institutional support networks available in the study area and how they were enhancing the EHHs livelihoods. The various livelihood strategies the elderly were using and their impact on EHH's resilience. The chapter finished by linking the study to the framework by highlighting the lack of inclusion of politics and governance and the role of donor aid on the livelihoods of the elderly in the study.

Chapter 8 : Conclusion and Recommendations of the study

8.1 Introduction

The study was aimed at gaining insights about challenges ECs, face as they move from being recipients of care to being the primary carers of OVCs, and to fill the gap in literature pertaining to their experiences in Malawi. These findings have the potential to inform development planners in Malawi's Ministry of Elderly and people with Disabilities (ME&D), Ministry of Community Services and Social Welfare (MCSSW), and all organisations as who focus their efforts on supporting OVCs through enhancing the ECs survival strategies.

The Sustainable Livelihood Framework (SLF) was used to analyse the elderly carer's vulnerabilities and the status of their livelihood assets and strategies, as well as the policies and practical involvement of the state and other institutions. A case study approach provided comprehensive personal accounts from the perspective of the elderly carers, and from the multiple actors involved in the support for the elderly. The analysis showed various vulnerabilities affecting the elderly households and exposed a broad spectrum of gaps in the support rendered to the elderly carers, including the thinning social support networks of family, friends, community and churches, which are impacting on the elderly's caring experiences. Furthermore, the study revealed the magnitude of the loss of capabilities and function experienced by ECs, most of which the elderly attribute to the effect of their physically and emotionally demanding roles in caring for orphaned grandchildren.

The study has also established this population group's inequitable access to public resources and to initiatives meant to enhance the lives of the poor. Most of the ECs were unable to access farm input subsidy, Village Savings and Loans from government, the Public Works Programme (PWP), and other projects in the area. The elderly face structural exclusion, as both government and NGOs find it more appealing to fund projects and programmes geared towards children and productive age members of the population, because they are deemed to contribute to the economic growth and future development of the country. While these programmes are important, the elderly population is being marginalised. This study concurs with

the observation of John and Mark's (2002) study that the elderly suffer discrimination based on age:

"One obvious reason for the neglect of old-age care-givers is the understandable primary focus on those who are ill and dying. Also, the greater attention to orphaned children surely results in part because the vulnerability of children is so apparent. But we believe the neglect of older-age care-givers... has other roots as well, including inadvertent ageism. Older-care-givers are mostly advanced in age. As such, they are less visible and have less public appeal than other age groups, especially children. Humanitarian organizations may sense, probably correctly, that images of orphaned children evoke more public sympathy than images of the older-age care-givers"

(John and Mark, 2002:81)

Ferreira (2004) says that much of the focus of attention has been given to the children of AIDS sufferers and AIDS orphans through the emphasis of mass media and international agencies, such as UNAIDS and UNICEF. The elderly have been absent from the UN MDGs, essentially affirming the general lack of consideration for the elderly in development programmes and therefore national budgeting processes. It is hoped that this time as country development planners meet to review progress towards achievement of MDGs, in 2015, and as they are considering sustainable development goals the elderly will feature. The significant role of the elderly caring for chronically ill AIDS patients and AIDS orphans is often down played. A remarkable difference exists between the budget and support for the Ministry of Elderly in Malawi in comparison with other ministries as outlined in section 6.5.3.1. There is a conspicuous lack of innovative government and donor agency programmes to support this population group. The *Malawi Vision 2020* states that:

"By the year 2020, Malawi as a God-fearing nation will be secure, democratically mature, environmentally sustainable, self-reliant with equal opportunities for and active participation by all, having social services, vibrant cultural and religious values and being a technologically driven middle-income economy" Budget performance quarterly Reports (2013/2014: P9).

If poverty indicators - mortality and health status - are to be reduced in Malawi, more resources of all kinds will be required to support all population age groups. Attaining this goal requires incorporating the country's population dynamics into national health planning (House and Zimalirana, 1992). It is unlikely that Malawi will attain the MDGs which address poverty, food security and malnutrition by 2015.

The study also examined how variations in the age and number of the OVC can make a significant difference to the ability of the EHH to have a sustainable livelihood, and also established the diminishing capabilities of the elderly as having been accelerated by their caring responsibilities. Lastly, the study explored local livelihood strategies that are making the EHH's resilient and their viability, in order to identify ways of enhancing them. The study determined that most of the livelihood strategies that the elderly employ are unsustainable, being largely seasonal and, therefore, unavailable off-season.

8.2 The research questions

I will now revert back to the research questions that guided this study outlined in chapter, 3

8.2.1 How are EHHs responding to the challenges they face as they move from being care recipients to carers?

The elderly are looking after the OVCs despite their state of destitution with little or no support from fathers and mothers families, siblings and the community. The study found that no elderly households have given up their children to either private or institutional care, suggesting their willingness to continue raising the children. Some previous studies highlighted that children in EHHs are either coerced into early marriage, or that girls are encouraged into prostitution, to generate additional support and income for the family (Bryceson et al., 2004; Cook et al., 2007; Shetty and Powel, 2003). However, this study did not identify such practices among the households interviewed⁴¹, instead other strategies for adapting to the changing role

41. Such practices would not be openly discussed and may therefore have been present in the households but not noted by the researcher.

were identified, such as ganyu, maize scavenging, meal rationing, inter-household meal sharing, small enterprises, ploughing small portions of land and remittances.

8.2.2 How has the caring role affected the elderly's overall well-being?

Companionship was one of the positive outcomes identified by the elderly caring for OVCs. For example, they articulated that they had the company of the children to speak to and send on errands, when they were unwell or tired. They also stated that they were able to hear community updates from the children. Not all the children are a burden to their carer as some studies have portrayed them; they are actively involved in livelihoods for the households. The presence of older OVCs, 13-16 years, in their household had a remarkable effect on food availability. These children were able to provide their labour on the farm or hire out their labour for food.

Role confusion

Nearly all the elderly noted that they found it hard to give up the backseat grand parenting role they had played before taking up more responsibility as principle carers. This affected their relationship with their grandchildren – in that there was discontent in their ability to provide care which lead to anxiety and distress as it ignited adversarial relationship with their children. They also felt that the children were also experiencing similar confusion in having to accept them as their new primary caregivers.

Deteriorating physical health

One of the findings of the study was that the ECs were physically challenged and their health adversely affected with care-giving responsibilities, due to diminished capabilities and additional domestic responsibilities. This was an expected finding which affects all elderly persons; however, the consequences of this were dramatic.

Economic deprivation

Most of the ECs experienced financial stress resulting from extreme poverty. Some had quit jobs that sustained their families in order to take on the additional role of caring for young OVCs. This contributed to their households having insufficient food supply. A lack of a stable cash flow in their households contributed to their struggle to keep their children in school. This finding suggests that human capital can be

affected, not only by the lack of skills or poor physical health, but also by caring for very young children.

Emotional distress

There was evidence of the emotional effect of caring for young children, living with poverty, and of facing a future of uncertainties. Most of the elderly were emotionally challenged by the needs of the very young and older children and, more generally, by the need to provide for their future. The elderly noted increased distress, helplessness and hopelessness at not being able to adequately provide for the children. An adversarial relationship with some older OVCs also exacted an enormous toll on the elderly carers. The grief at the loss of their older children also contributed to their emotional distress. It is likely that their poor physical and mental well-being could also be caused by this increased distress or anxiety; however this study did not establish this correlation and, hence, the question needs further research.

Stigma

The elderly felt stigmatised by the community. Some of the elderly said they had been suspected by neighbours and orphans in their care of bewitching their deceased children. Others pointed out that they had been accused of promoting prostitution among their children, which caused them to contract HIV/AIDS. Generally, the stigma associated with AIDS-related deaths in the family was associated with stigma which expressed itself in discrimination.

8.2.3 How do the elderly provide basic needs for themselves and OVCs in their care?

HIV/AIDS is one of the worst assaults on human dignity in southern Africa today (Ferreira, 2001). The ECs, who had adequate food and provided *ganyu* (labour) opportunities to others, are themselves hiring out their labour for food and cash. Most of the younger ECs continue to farm to meet food needs. The very old are encouraging the OVCs in their care to hire out their labour, collect flour and corn, beg for maize husks at maize mills, and “*khunkha*”- gleaning in people’s harvested

gardens. Apart from that there are a few ECs who are able to get support from their extended family network and from their village headmen.

8.2.4 What are the vulnerabilities in EHH?

The vulnerabilities within EHH are: unsustainable livelihoods; poor physical health and cognitive abilities; mobility challenges, high dependency ratios (having larger family to care for), chronically ill HIV/AIDS affected children; and very young OVC needing quality care. All these affect the amount of time available for productive activities such as farming.

8.2.5 What social support is available from family, community, NGOs, Churches and Government?

Family networks continue to play a role in providing social support in the area. Families with adequate resources shared these with the EC; however this was a significantly small proportion. Most of the elderly indicated that, because of distance and poverty, they were unable to maintain family networks. A few, who had surviving children, received support in the form of labour and occasional remittances. Apart from that there are a few ECs who are able to get support from their extended family network and from their village headmen. Community support existed, in the form of an OVC day care centre, where children under five went to nursery and were given porridge. Another form of community support, reported by most of the ECs, was community mobilisation during times of bereavement. The SCF operates in the community however; none of the ECs were able to participate. Age based discrimination and a lack of information were identified as the reasons for this. Government support for the ECs was available in the form of FIS, and PWP, yet it was inaccessible for most of the very elderly due to the structural issues cited in Chapter 4.

8.2.6 What recommendations for policy changes can be made to address the challenges on basis of Questions 8.1.1 to 8.1.5?

8.3 Recommendations to Government

8.3.1 Expansion of ART to the unreached places

The reason most of the children were fostered by the elderly was the result of the parental death from HIV/AIDS related causes. The provision of ART is expanded into areas that have not yet been reached is critical. This study commends fostering by kinship carers as a parenting strategy. However, most of these children's parents may still have remained alive, particularly during the children's critical early development years, if ART was available and accessible, as suggested. OVCs continue to be cared for by kinship members, because of the traditional African value and trust of extended family-based care. In order to sustain this essential social fabric of support, which is advocated both by families and the government of Malawi, prevention of HIV/AIDS and access to ART must be prioritised in the national agenda, and expanded country-wide. These measures will prolong lives of parents until the time when their children are independent, and will also ease the burden of care provided by ECs. At the time of the study, there was still inequitable access to ART due to distance, lack of transport to health centres, and a lack of trained medical personnel in the health centres in the study area. Efforts and resources to expand access to treatment services must be exerted to strengthen information management system for planning and integrating services across all sectors. This will ensure rapid identification of families requiring ART. Health care planners and policy makers should consider to social (proximal services into the distal health care provision for effective ART implementation. Patients, who cannot access ART due to inadequate income, should be supported through services such as VSLs and SCT schemes. The Malawi government, through MoH and NAC, could ensure that its HIV prevention strategy is based on a critical analysis of the context, not only addressing individual knowledge and behaviour factors, but also the social attitudes, environmental factors, gender norms and barriers, which affect access to services (Ssali, 2003). Health outcomes alone are insufficient when intervention strategies have broader social impacts such as broader issues of women's economic dependency, inability of most women to disclose their HIV/AIDS status to their spouses which has far reaching consequences in as far as accessing ART and adherence to treatment are concerned which contributes to their HIV risk and

vulnerability, (Parkhurst, 2012). Apart from that there are also poverty issues that have to be addressed to ensure patients on ARVs have adequate nutritional food intake to make the treatment effective and sustainable. HIV intervention through provision of ARVs should be considered along broader structural issues such as inequalities in access to health facilities in most rural areas and be integrated with programmes such as microcredit for example, offer a direct service to individual women, providing them with the capital to start their own income-generating activities, especially those who are eligible to receive ARVs. In so doing, however, they can operate structurally by addressing the broader issue of women's economic dependency.

8.3.2 Comprehensive strategies and well-managed pro-poor programmes.

One of the main findings of this study is the structural exclusion of the elderly from pro-poor policies. This termed as structural violence should be checked and addressed to ensure that even the most vulnerable of communities benefit from pro poor programmes by making provisions for instance on how the disabled, the elderly with mobility challenges will be reached with interventions that can uplift their lives-public services and supplies (Farmer et.al, 2006). While there are notable government efforts in formulating pro-poor policies, these policies lack the strategies to ensure that those with cognitive and mobility problems, such as the elderly, are able to access the projects/programmes. There is inequitable access to programmes such as Farm Input Subsidy (FIS), Village Savings and Loans (VSL), Goat Revolving Loans (GRLs) and Public Works Programmes (PWP), which are meant to uplift the poor, of which the elderly form a significant proportion. There is need to publish mechanisms to access government and donor supported programmes providing FIS, VSLs, PWPs, GRLF, CFP. These mechanisms must be well coordinated within the implementing agencies and should include segregated data such as age. The agencies must be mindful of the access challenges faced by most vulnerable groups, such as the elderly and the disabled, who have problems with travel to service centres. One way to ensure inclusion would be to consider specific community outreach programmes to this group.

8.3.3 Strengthening government support for family carers of OVCs

It is clear from the study findings that kinship care is the main source of care for OVCs. Communities need to be strengthened by developing structures within districts where members are trained to provide the support required by elderly households. The MCSSW and ME&PD are among the most neglected ministries in the country in terms of administrative and staff capacities. Government should increase staffing and build capacity to serve communities, apart from increasing budgetary support to the two ministries. The ministries must work together to coordinate their efforts on issues affecting the elderly in central and district offices. They should be encouraged to use the current research on the elderly to develop policies and strategies and also to inform budgeting processes and activities. The government should provide the required funding for staff capacity building, administration and monitoring of programmes targeting the elderly. The two ministries could also benefit from educational visits countries that have registered successes in support of ECs such as South Africa, Swaziland, Tanzania, Uganda, Lesotho and Namibia; and to adapt successful policies to the Malawi context.

The MCSSW and the ME&PD need to facilitate setting up of local management committees in all the districts in Malawi, to deal with the specific issues affecting the elderly.

8.3.4 Extend Village Savings and Loans Scheme (VSLs) to the ECs

Save the Children Fund (SCF) is already implementing the VS&LS in the study community. However, there were no ECs among their clientele. A few ECs reported age-related discrimination among younger women participating in the groups. An SCF officer said there were no formal criteria restricting elderly enrolment. Poverty remains a significant impediment to the elderly who are trying to provide for their expanding households at a time when they could, ordinarily, have reduced household expenditures. This study recommends that SCF set up VSLs, which are open to all age groups and deliberately target the elderly, particularly those who have OVCs in their care, to do small scale business in order to support their households. Deliberate targeting will ensure that the elderly feel welcome, because

at the time of the study they felt isolated and lacked information on the VS&LS. Key to caring for their families is the ability to have a predictable income to enable planning for expenditures. SCF could use the organised ESGs to train them in Business Management and possibly provide them with ongoing support.

SCF in Malawi should learn from the Skillshare International VS&LS in Lesotho, which is helping the elderly to access loans through VS&LS within communities, as transport to the nearest town and bank is often extremely difficult, unreliable and costly. The VS&LS provide critical financial services. The loans should use groups as joint collateral as most of the ECs in this study had been unable to raise individual collateral to join the groups they wanted to participate in. The elderly in Lesotho who access loans are able to plan for OVCs' school tuition fees, business expenses, or seeds for sowing, as well as save up for unforeseen emergencies, such as unexpected medical costs. Lesotho's elderly, through Skillshare's Community Savings and Loans Schemes (CS&LS), are more capable of providing the basic needs of OVCs. The entire community also benefits, as membership of CS&LS is extended to all (Skillshare, undated).

In addition, the CS&LS in Lesotho has helped the elderly recover from depression and regain their confidence to support their households. The interaction with other ECs is reported to have lifted their spirits with the realisation that they are not alone in their role as carers. Membership of the CS&LS also presents an avenue back into active community engagement, thereby increasing ECs' confidence and hope for a future for their children.

Child focused NGOs such as UNICEF, World Vision Malawi, Plan International, and proponents of CS&LS (European Union) who have projects in most rural areas of Malawi should deliberately reinforce support for grandparents caring for OVCs, while the two government ministries of MCSSW and the ME&PD should provide technical capacity. This could be a sustainable way of ensuring prolonged support for children orphaned in communities.

8.3.5 Involving children and youth as part of the solution to the problem:

There is a need to engage the children in vocational skills as a long term measure to address their current state of destitution and their future livelihood. According to Family Health International (FHI):

“Children are not simply a passive, powerless target group to be aided, but capable actors and important resources to engage in a community response to AIDS. Actively involving children in care initiatives can build the children’s own sense of self-esteem and efficacy and cultivate skills they can use in the future. Such involvement can make HIV/AIDS a concrete reality in the experience of children and youth, help them see that they can make a difference and are needed, and increase their willingness to avoid behaviours that increase their own risk of HIV infection.” (FHI, 2001:9)

The older OVCs in elderly households must be assessed to find out what industry they would like to work. They should be supported in building their skills to ensure a certain level of empowerment. The Ministry of CSSW should coordinate with the Ministry of Labour and the Technical, Entrepreneurial and Vocational Education and Training Authority (TEVETA) to establish skills training centres in communities. The older OVCs will be trained and, in turn, support the ECs and other siblings. For example, after completing apprenticeship, TEVETA should provide them with certificates and also link them to Microfinance institutions for start-up capital. Skills training centres could be set up as after school clubs, which can also cater for the children in school who will be unable to go to High School, because of lack of tuition fees. Funding initiatives need to be considered for financing these types of programmes, including government and NGO financing.

8.3.6 Health and Health care

A major challenge facing most ECs is their physical health and well-being. There is inequity in access to primary health care by the elderly due to long distances and a lack of elderly friendly health services. Malawi is a signatory of the Madrid International Plan of Action on Aging (MIPAA) 2002, which committed governments to include ageing in all social and economic development policies, including poverty

reduction programmes. One of the policies on Health is that older people should have the same access to preventive and curative care and rehabilitation as other groups. Twelve years after the agreement, Malawi is still off target especially regarding the elderly in rural areas. 85 percent of the population in Malawi resides in rural communities (Bryceson et al., 2004). Wilson and Adamchak's study with ECs also found, the important need for good health among grandparent carers of OVCs (Wilson & Adamchak, 2000). The countless emotional and practical advantages to both the children and the elderly should not be overlooked. The fact that the elderly are caring for orphans left behind by AIDS is, in itself, a clear indication of the absence of robust strategies to address the problem. It reflects a lack of an underpinning policy, which would provide for and safeguard the dignity and health of the elderly. As the government looks to consider both Home Based Support and respite care for the elderly, sustaining the elderly-child relationship must be high on the agenda of MoH business. The study revealed inequality in access for most public goods, especially health care, by the resource poor. Most ECs have underlying health problems and physical disabilities, due to old age, affecting their role as carers. Malawi has many Primary Health Care programmes but most of these programmes are biased towards the young to middle aged populations who are termed the 'productive age members' of the community. There is a lack of components designed to manage conditions that traditionally affect older people to keep them healthy enough to dispense their parenting roles. It is time for the government of Malawi to put life prolonging care and support services in place for the elderly, in order to minimise the stress of guardian ill-health on OVCs, who have already gone through a similar stress following their parents' sickness and death. Currently Malawi has no systems and strategies in place for private foster care and is relying on the older generation to look after 52 per cent of children orphaned by HIV/AIDS (Help Age, 2007; UNAIDS,2006). This study recommends that the government of Malawi establish elderly friendly health services by putting a policy in place, within the Ministry of Health, to establish mobile clinics in communities, to cater for the elderly with mobility challenges. Most of the elderly in Malawi may have non-communicable life threatening conditions (Aboderin, 2010), such as hypertension and diabetes, which most may be unaware of, due to the inequity in access to general medical check-ups. Aboderin highlights that:

“...older populations in SSA are deemed to be at particularly high risk of ill-health and disability from age-related chronic non-communicable disease (CNCD), due to a lifetime of exposure to conditions of deprivation and a growing prevalence of modifiable CNCD risk factors. On a second level, older persons are believed to lack access to even basic healthcare and, crucially, to have less access to services than do younger age-groups – suggesting an element of age-related exclusion.” (UN, 2002; AU/HAI, 2003; Sherlock, 2010 in Aboderin, 2010:2)

Older people need more medical service than younger people. However they face inequitable access to services due to financial poverty. They may have conditions which have not been detected, due to lack of health seeking among this group and the dismissive tendencies of medical staff. In this study, a few elderly claimed to have been discriminated against by medical staff that would generalise ailments within the elderly population as being ‘due to old age’. These dismissive tendencies should be discouraged by putting in place feedback forms which can be administered by medical council’s board staff locally employed and trained to assess patient reception and service in Health Centres and Hospitals. This will monitor and encourage medical staff to treat patients, both young and old with fairness.

“The 2003 African Union Policy Framework and Plan of Action on Ageing (AU-Plan), urge the development of strategies to enhance health service provision for Africa’s older persons as a way to realize their right to health and to encourage their valuable contributions to families and societies.” (Sherlock, 2010 in Aboderin, 2010:2)

8.3.7 Coordination and Financing for local NGOs

There are local NGOs, BSGF, Elderly Association of Malawi (EAM) and Community of St. Egidio, the arm of the Roman Catholic Church, which have projects to support the elderly in Malawi. There was a lack of coordination between the agencies, resulting in duplication of efforts, and omission of some districts and large segments of communities. The BSGF was particularly singled out by both the Ministry of Elderly and people with Disabilities and the EAM for being political in their approach

by implementing their projects through constituent councillors rather than the districts' technical development committee structures. The result of this type of implementation strategy was highlighted that only those who supported the ruling party were getting the support. There is need for small organisation to partner and source funding jointly for the support of the elderly in Malawi. When an organisation is small the tendency is to link it to lacking skills for management and implementation of project, coming together will increase their leverage and confidence in donors to finance them.

8.3.8 Education curriculum

The government could learn from the Roman Catholic arm of Community of St. Egidio by incorporating into its school curriculum the value of caring for the elderly. It was a common belief especially among children and the middle aged to associate older people are witches and wizards in the study area. Negative stereotyping of the elderly should be diffused at a young age and respect for older people must be reinforced. Educators should challenge the youth by having projects where they will engage with the elderly. For example, they could write memory books, including photographs to capture such things as life stories of the elderly in their communities. These would help OVCs, who are growing up with the elderly carers, to keep a record of the history of their roots, culture and life events in their family.

8.3.9 Youth Week

One of the study findings was that most of the EHHs are labour constrained to carry out tasks in their households. The elderly lack public amenities close their households, such as toilets and bathrooms, with most of them living in leaking houses. The government should reintroduce Youth Week⁴² in Primary Schools, High

42. Malawi under the one party leadership of the late President Dr. Kamuzu Banda used to have a week in a year assigned for the youth from Primary schools right through to University were engaged in community development in the respective communities they were pursuing their studies. This was stopped when a Democratic government took over

Schools, colleges and Universities, during which time the youth would support the elderly by constructing amenities in elderly households, as well as clearing public roads. The Ministry of Community Services, with support from local chiefs, should take a leading role in identifying the needy elderly and pass this information on to the relevant institutions. In addition to that, this study proposes that the government of Malawi could learn from South Africa, Nigeria, Kenya, Ethiopia and Tanzania about how to engage the youth in voluntary service by establishing a National Youth Voluntary Service scheme (NYVS). Young people in every society are highly energised and eager to take advantage of opportunities to serve their communities (USAID, 2011). This thesis recommends that a National Youth Voluntary Service policy be put in place. The government should set aside a budget to provide stipends for the youth in service. The youth, between 19-25 years of age, could be engaged in community service for one year before they could take up employment. Youth from:

- Technical colleges, Teacher training colleges, Nursing colleges, university graduates, this initiative will offer students the opportunity to apply the new skills acquired by supporting community-based projects in areas of need that will contribute to Malawi's development
- out-of-school unemployed (population wide)

These youth must be utilised to support disadvantaged groups, including the elderly. According to Gowon (1994), NYVS schemes are a rich source of high-level manpower that can be put to the service of the nation and the community. Many countries such as South Africa, Canada, Kenya, Ethiopia, Tanzania, China, Nigeria and Ghana have similar initiatives, all subsidising the sustainable socio-economic development of their nations. The scheme would also give graduates the chance to learn and know more about their country. Further, the youth would be exposed to the higher ideals of service to the community, without thought of reward. According to Nogueira-Sanca and Sladen (2011),

“Service programs in Africa provide young people with opportunities to become actively involved in the process of nation building. By investing their time, skills, and energy, volunteers make an important contribution to the

power from Dr. Kamuzu Banda's perceived dictatorship rule, following that this initiative was disbanded as the new leadership saw it as oppressive to the youth.

wellbeing of their communities. Service programs provide an outlet for disenchanted youth to transform relationships within their communal environment, change the policies and values of their nation, and bring hope for the less fortunate members of their communities. In many places, national service programs have also helped to address needs that could not be met in their countries due to the lack of human and material resources.” (Nogueira-Sanca and Sladen, 2011: 4)

The high rates of unemployment in the district and nation of Malawi (18.9%) (Mussa, 2013) is evidence that most of the youth are disillusioned by lack of employment; such an initiative will raise the moral tone of the Malawian youths by providing them the opportunity to engage higher ideals of community service. This initiative is recommended because the study found that the elderly’s human capital is deteriorating, but, their households have high dependency ratios, which are impacting on their health and well-being.

Details on how the National Youth Voluntary Service will be organised can be found in appendix 7.

8.3.10 Social protection for the ECs and OVCs

Grandparents are usually seen as an ideal solution for OVCs in this study by Child protection agencies and the government of Malawi. Positive benefits for kinship care for the child have been highlighted to help maintain child’s identity and reduce the trauma and distress of relocation and possibility of multiple placements thus allowing them to live and grow up in their own communities. The UN Convention on the Rights of the Child (CRC) stresses the importance of family in children’s lives and makes clear the responsibility of governments to promote family care and reunification and to provide appropriate alternative care for the children who have lost the care of their parents. Malawi’s traditional systems promote the ideal of keeping children in their communities which, according to Bishai et al, (2003), is where the child is assured of quality of care. It is the right of a child to be cared for by a parent or in the absence of parents, alternative caregivers’. According to CRC Article 18-2, it is the right of the caregivers to receive assistance in child rearing, and

CRS Article 24, the right for a child to accessand nutrition...(Roby, 2011:31). However, the ECs in this study are not receiving any assistance to care for OVC. This study proposes that Social protection programmes to be rolled out in districts most affected by HIV/AIDS which have also food security challenges such as Chiradzuru district. Specifically the following proposed strategies require particular attention:

i) Social Cash Transfers (SCTs) to EHHs

As highlighted in Chapter 5, there is a SCT pilot programme which, at the time of the study, was rolled out in a total of seven out of the twenty eight districts within Malawi (The Malawi, 2008) with the aim to roll these out to all districts in the future. These pilot districts have low population densities, lower HIV prevalence rates and adequate productive land compared to the study area of Chiradzuru district. Chiradzuru has the third highest number of orphans and the highest population density in the country as noted in Chapter 5. It may take several years before the programme is rolled out to all the districts. This will have profound and irreversible consequences on most of the hardest hit, untargeted, HIV/AIDS affected households such as the EHHs and in communities. This study concurs with the World Development Report which highlighted that:

“Supporting the range of assets of the poor people - human, natural, physical, financial and social - can help them manage the risks they face. And supporting the institutions that help the poor manage can enable them to pursue the higher-risk, higher-return activities that can lift them out of poverty. A modular approach is needed with different schemes to cover different type of risks and different population groups. The tools include, but are not limited to, health insurance, old-age assistance and pensions, social funds, micro-finance programmes and cash transfers.....” (World Development Report 2000/2001:39-40)

The Ministry of Gender and Children, who are implementing the SCT programme, should work with the ME&PD, in the implementation of the SCT programme. The two should assess which other government agencies and NGOs have the administrative and staffing capacity to reach impoverished communities. On the basis of that assessment, capable government agencies and NGOs must be used to support the

provision of SCTs. This study is of the view that the SCT should be rolled out to the most densely populated districts where, in the absence of adequate land, there may be limited choices of livelihoods. Considering that Chiradzuru district has the third highest number of orphans in Malawi, and is the most densely populated district in Malawi, the SCT management team needs to roll out the scheme to the area as a matter of priority. Most elderly households interviewed were larger in size compared to other households and would benefit from the SCT remittances to access food entitlements, health care needs, improve their housing structures, apart from accumulating assets such as livestock to support their households and ease the care of their children. The World Development Report affirms that:

“Consideration in expansion of the programme must be areas hardest hit by HIV/AIDS, which are also densely populated and possess inadequate land and have no other means of livelihoods.” (World Development Report 2000/2001:39-40)

In expanding the SCT, the line ministries should work to strengthen district departments of Community and Social Welfare, coordinators of the Ministry of the Elderly and the Disabled, and NGOs working in the districts, learning from the Zambia and Lesotho experiences. The government of Malawi should provide funding for SCTs from its local resources and show its commitment to supporting the elderly. The fact that government capacities in low income countries are weak tempts donors to finance pilot activities implemented by NGOs. NGOs in Malawi need to be assessed on their capacity and be partnered with to implement SCTs. This will speed up the reliable and sustainable rolling out of the SCT to all parts of the country.

ii) Tuition Fees for OVCs

One of the efforts to reduce illiteracy rates in the country was the introduction of free primary school education for all in 1994 (MDHS, 1997): a positive development, which saw primary schools enrolments soar. Many families seized the opportunity to educate their children. However, secondary education in Malawi is not free, see Chapter 5. The majority of children who finish primary school are not able to go to high school because of tuition fees. Findings from this study showed that, in sampled households, the inability to afford tuition fees led to six high school age

children dropping out in the first semester of High School, and two in their second year of High School. Most of the ECs foresaw their children encountering challenges in the job market because of a lack of proper formal education and skills to enable them to acquire a job. Their desire was for their children to attain an education and be able to work and support their siblings. With this in mind, and as a short term strategy while waiting for the SCT to be rolled out to all districts, this study proposes that the government Ministries of Social Services and Education should lobby for a bill to introduce High School grants and school uniform subsidy for children from deprived households who have been selected to go to high school. Alternatively, the government of Malawi should exempt the children in deprived households from paying High school tuition fees. The Ministry of CSSW should work with the different schools in communities to identify children in most critical need of support with High School grants. Similar grants should also be made available at University level. In order for this programme to be successful, the government must subsidize it with Child grants to ensure ECs have access to cash to procure food for their Households. This programme can succeed to improve school attendance and performance in households where the children have access to food. High school and University grants must be disbursed to children conditional to their being selected to pursue high school and University studies. Without these measures in place, the gap between the poor and the rich will continue to widen. Apart from that, the Youth Voluntary Service (YVS) proposed should be a long term plan for the government of Malawi in order to sustain and communities as well as improving public services and food and economic security in EHHs. Countries implementing the programme have seen acceleration in socio-economic development and job creation for many of their youths, providing them with the opportunity to build skills for success, while addressing critical community needs such as those facing ECs in Malawi (FFYSM, 2000 and Foley, 2003).

8.3.11 Community Vocational skills centres

The Ministry of Education should consider introducing village/community vocational skills centres, where those children who cannot be considered for the grants, owing to their poor performance in Primary School Leaving Certificate exams (PSLC), can

be trained in the village in skills of their choice, keeping in mind that some of these children are actually the breadwinners in elderly households. This will also contribute to the economic development of the country, as young boys and girls engage in various businesses, using the skills acquired.

8.3.12 Welfare Care and Support for the elderly-(Ministry of CSSW)

This study commends well-funded programmes that target orphans and vulnerable children, because there was a conspicuous lack of such projects in the study area. Programme/project planners need to be aware that these orphans are mostly fostered by their grandmothers who also require support. The tendency for most development planners has been to assume that once the orphans get support that this will trickle down to the carer, which in most cases is not possible. For instance, there are child feeding programmes in schools, where children are given porridge in the morning. However, most of the orphan children in fostered households lack food. That means that during school days the children get to eat something, but not their carers. There needs to be programmes designed to address various co-resident intergeneration affected by HIV/AIDS integrally and holistically. This situation calls for the integration of support for OVC carers into the services for orphans. Most current programmes lack this element. The elderly need to be well informed about HIV/AIDS and its prevention in order to be able to give the children in their care the right information. Otherwise the children face the likelihood of being misinformed and misled, especially by their peers

Community oriented Initiatives to support the ECs

8.3 13 Elderly Support Management Committees (ESMC)

Support should be given to facilitate formulation of ESMC at local Group Village Headman and Village Headman level, to coordinate issues affecting the elderly. These committees must be charged with the responsibility to put Elderly Support Groups (ESGs) in place that promote the elderly's participation in district development activities. One finding of this study was the lack of psycho-social

support after traumatic experiences, such as the loss of children and the psychological burden of caring for young children. As discussed in Chapter 6, due to their longevity, most of the carers are women. At least sixty per cent of these women had lost spouses. ESGs have the potential to provide the ECs with a forum where they will be able to meet and share experiences, as well as strengthening and encouraging each other in their role as primary carers. ESGs will allow the ECs to develop robust support networks as based on the similarities between their situations. The ME&D and MSSCW should also source and provide funding for the construction of Day Care Centres, in areas where there are no school buildings. Apart from sharing their experiences, these can also be forums where health issues, such as HIV/AIDS information, can be discussed and livelihood skills can be imparted to elderly members.

8.3.14 Support to strengthen traditional community networks

This study endorses the recommendation of Ntozi and Mukiza-Gapere (1995) for the development of a structured system of support for ECs and OVCs in their care. The study found that the extended family continues to absorb and support OVCs. Despite the strain that the AIDS epidemic has put on many families the kin network remains a vital safety net in the absence of other social support, yet it is also a levelling force: keeping poor adults and their children poor, as resources are stretched, shared and traded.

However, there is a need for support to complement the efforts of the households, while allowing them to continue taking the leading role in caring for their children as currently no such support exists. The ESMC could be trained to operate child protection committees, which would monitor child health and welfare. In the event that the EC is incapacitated and can no longer care for the children, the ESMC should be responsible for lobbying for support for the household. The committee must work closely with ECs and village headmen to appoint and support standby carers for the children in cases where an elderly carer dies. This will ease distress among the children who have already gone through similar distress in the sickness and death of their parents. The Government Ministry of CSSW should support the ESMC and the Village headmen in reviving and strengthening local traditional

community based labour mobilisation strategies that formerly held communities together such as a farm practice called 'Dima'. Some village headmen in the study area are already engaged in supporting destitute households. The government of Malawi Ministry of Local Government can use this existing support to strengthen it. Apart from that government of Malawi can learn from a Swaziland project, where Community chiefs (Village Headmen) are involved in the care of OVC (UNAIDS 2006). It is a tradition that destitute families find protection at the Chiefs' homestead. The chiefs secure idle land of the deceased or chronically ill members of the community. The chiefs mobilise able-bodied members of the community to plough the land and the resulting harvest is used to feed destitute members of the community. Apart from that, the Chief also appoints women in the community as caretakers of Child Headed Households and those of chronically ill community members. These two initiatives provide psychological and social support and ensure that the children never lack food, as the communal gardens are used to feed them. Malawi can adopt this innovative strategy and adapt it to suit the specific context. The government of Malawi, through Ministries of Local Government, CSSW and Ministry of Agriculture should allocate a budget to provide incentives for youth groups while providing training in livelihoods skills through "dima" initiatives. The programme should be linked with the YVS. Apart from that, the MCSSW and ME&D should assess which NGOs are in the districts and lobby for the deliberate targeting of the elderly in their projects.

Finally this study agrees with Ferreira, that all current policies which provide for social and economic support programmes to HIV/AIDS infected and affected people, should be reviewed and analysed for their effectiveness in reaching the populations most impacted by HIV/AIDS. In addition, policies and programmes need to be evidence based, and comparative reviews of programmes and projects should be carried out to provide accurate information for decision making on resource allocation (Ferreira, 2004:7-8). Gogo Alice in her lack of hope for the future of herself and her children in her care said;

"I lost my first born daughter in 2004, then my son the following year. I lost my last but one other daughter in 2007 and my husband in 2008. I am left with three OVCs. People from different organisations do come to ask me questions about the children, the projects that can help them, but no one has

come here to ask about me how I am coping alone with the children. Most of the times, I cry in my closet so the children do not see me cry, because I have so much going on in my mind that I have no one to share with. Sometimes age does not make you immune to getting emotional "If help does not come to ECs like me we will perish with the children and that will be the end of my family"

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Annexure 1: Research Instruments

Question guide for ECs In-depth interviews; Community Leaders, Government, NGOs, SCT staff, Local schools, Local churches, ECS Focus Groups, ADC FG,



Note:

These questions will guide the conversations with the Identified cases. Alterations will be made as situation demands and probes will be utilised where necessary.

Research Title: ELDERLY CARERS: THE EXPERIENCES OF THE ELDERLY CARING FOR ORPHANS AND VULNERABLE CHILDREN IN CHIRADZURU DISTRICT -MALAWI

Question Guide for Elderly headed households

1. Can you please tell me about the people who live in this household?

- a) Adults, number and ages
- b) Children, number and ages
- c) Relationship between the different family members.

2. Can you please tell me a little bit more about the OVCs you are taking care of?

- a) How many
- b) Their ages and sex
- c) Duration of their stay in the household
- d) Relationship with the OVCs

3. Can you please tell me the history of the OVCs in your care- what happened that you took over the responsibility to care for them

4. Is there any support that you get from family, community to support the OVCs? If any, how often?

5. Can you please tell me about the education of children in this household?

- a) Who is schooling and who is not and why
- b) Who pays for the cost of schooling?
- c) Performance in school
- d) Interest in education
- e) Any other problems with the children's education

6. Can you tell me about the various domestic activities that the Children perform?

- a) Cultivation
- b) Petty trade
- c) Herding livestock
- d) Preparing family meals
- e) Fetching water and wood fuel
- f) Leisure activities

7. What are your major experiences in caring for the children?

- a) Availability of adequate food
- b) Medical care

- c) Accommodation
- d) Clothing
- e) Support from other people
- f) Other unmet needs

8 . Can you please tell me what you do to earn a living?

- a) Main source of income
- b) Children's involvement in the activities to earn a living
- c) About how much money do you get in a day, week or month?

9. What was the main occupation of the deceased parent(s) of the Orphans?

- a) Was there any property left for the orphans?
- b) Who takes care of such property if any?
- c) Do the orphans use the property?

10. What support do you get from your family? How often?; Community ? How often? Other organisations? How often?

Annexure 2: Interview Guide for Government

What support is available for the elderly caring for OVCs in the ministry?

How often is this support?

What policies are available for the support of the elderly caring for OVCs in the district?

Are there any projects in the pipeline for the support of the Elderly caring for OVCs?

Annexure 3: Interview guide for the school Head teachers in the community

1. How do you see the OVC who are cared for by the elderly in your school?
2. How is their school attendance?
3. Who pays for the cost of schooling?
4. Performance in school?
5. Interest in education?
6. What do you think can be done to support the elderly caring for the children (OVCs)? to the OVCs themselves?
7. Any other problems with the children's education?

Annexure 4: Interview Guide for the GO/NGO staff working in the area

1. What Policies and projects are there in your organisation for the support of the elderly caring for OVCs? If any, how often?

2. What have these particular households benefitted from your organisation (any individual cases?)

3. If they have not benefitted what has been the reason?

Annexure 5: Interview guide for church leaders

1. What support is available in your church for the support of the elderly caring for OVCs? If any, how often?
2. The support for OVCs? If any, how often?
3. In not, do you have any plans in future to support the ECs in your church

Annexure 6: Interview Guide for Elderly Cares Focus Group

Names of ECs Participants

Place of Interview..... Date.....

Time start.....Time finish.....

Who decided in your family that you should take the responsibility to care for the children?

If you did not care for OVCs do you think anyone in your family/community would care for your children?

What support do you get from Government to care for the children?

What support do you get from community to care for the children?

What support do you get from the Church community to care for the children?

What support do you get from NGOs in the area to care for the children?

What would you say to the Government if you had opportunity to advice?

Thank you ECs FG

Annexure 7: Interview guide for ADC Focus Group (Community Leaders)

Names of Members.....

Place of Interview.....

Time of Interview start.....

Time Interview Finish.....

1. Could you tell me some background information about the elderly? What has been their role in this community? How has this role changed? Who is doing those roles the elderly used to do in your community now?

2 Why do you think many elderly are the ones caring for orphans in this community?

3. What do you see as being the major concern on the part of the elderly?

4. What support is available for the elderly caring for orphans in this community?

5. Are there local policies that protect the needs of the elderly in this community?

6. As a leader, what do you think should be done to improve the lives of the elderly?

Thank You ADC Committee

Annexure 8: Interview Guide for Committee for Victimised children and women

Names of Members.....

Place of Interview.....

Time of Interview start.....

Time Interview Finish.....

1 Could you tell me some background information about the elderly? What has been their role in this community? How has this role changed? Who is doing those roles the elderly used to do in your community now?

2 What is your role as a committee in support for the elderly carers in this community?

3 Do you have any abuse cases for the elderly? If so, how often, if not why?

4 What do you see as being the major concern on the part of the elderly?

Thank you CAVWOC

Annexure 9: Ethical Consideration Queen Margaret University



Queen Margaret University

EDINBURGH

Name: Blessings Kachale
Status: Student
Subject Area: IIHD
School: Health Sciences

Lucy Clapson
Registry Officer
Queen Margaret University
Queen Margaret University Drive
Musselburgh
East Lothian EH21 6UU

Tel: 0131 474 0000
Email: researchdegrees@qmu.ac.uk

11 March 2011

Dear Ms Kachale,

Ethical Approval – Elderly Carers: The Experiences of the elderly caring for Orphans and Vulnerable Children in Chiradzuru District- Malawi

Thank you for your response dated 10 March 2010 to the letter I sent you following consideration of your application by the Research Ethics Panel.

Dr Jane McKenzie, Convener of the Panel, has reviewed your response to the points you were required to address, and has confirmed that she is happy to take Convener's Action to grant full ethical approval for your research.

A standard condition of this ethical approval is that you are required to notify the Panel, in advance, of any significant proposed deviation from the original protocol. Reports to the Committee are also required once the research is underway if there are any unexpected results or events that raise questions about the safety of the research. Please find the appropriate form for this enclosed.

We would like to thank you for your co-operation and wish you well with your project.

Yours sincerely

PP Craig Rutherford

Lucy Clapson
Secretary to the Research Ethics Panel

Cc Dr Carola Eyber, Supervisor
Dr Suzanne Fustukian, Supervisor

Annexure 10: Ethical Consideration National Research Council Malawi

Telephone: + 265 789 400
Facsimile: + 265 789 431
e-mail doccentre@malawi.net
All Communications should be addressed to:
The Secretary for Health and Population



In reply please quote No. MED/4/36c

MINISTRY OF HEALTH
P.O. BOX 30377
LILONGWE 3
MALAWI

1ST April, 2011

Blessings Msusa- Kachale
Queen Margaret University

Dear Sir/Madam,

RE: Protocol # 870: Early carers: The experiences of the elderly caring for orphans and vulnerable children in Chiradzulu district- Malawi

Thank you for the above titled proposal that you submitted to the National Health Sciences Research Committee (NHSRC) for review. Please be advised that the NHSRC has reviewed and **approved** your application to conduct the above titled study.

- **APPROVAL NUMBER** : NHSRC # 870
The above details should be used on all correspondence, consent forms and documents as appropriate.
- **APPROVAL DATE** : 01/4/2011
- **EXPIRATION DATE** : This approval expires on 02/04/2012
After this date, this project may only continue upon renewal. For purposes of renewal, a progress report on a standard form obtainable from the NHSRC secretariat should be submitted one month before the expiration date for continuing review.
- **SERIOUS ADVERSE EVENT REPORTING** : All serious problems having to do with subject safety must be reported to the National Health Sciences Research Committee within 10 working days using standard forms obtainable from the NHSRC Secretariat.
- **MODIFICATIONS**: Prior NHSRC approval using standard forms obtainable from the NHSRC Secretariat is required before implementing any changes in the Protocol (including changes in the consent documents). You may not use any other consent documents besides those approved by the NHSRC.
- **TERMINATION OF STUDY**: On termination of a study, a report has to be submitted to the NHSRC using standard forms obtainable from the NHSRC Secretariat.
- **QUESTIONS**: Please contact the NHSRC on Telephone No. (01) 724418, 0999218630 or by e-mail on moh@gmail.com
- **Other**:
Please be reminded to send in copies of your final research results for our records as well as for the Health Research Database.

Kind regards from the NHSRC Secretariat.

FOR CHAIRMAN, NATIONAL HEALTH SCIENCES RESEARCH COMMITTEE

PROMOTING THE ETHICAL CONDUCT OF RESEARCH
Executive Committee: Dr.C.Mwansambo (Chairman), Prof. Mfutso Bengo (Vice Chairperson)
Registered with the USA Office for Human Research Protections (OHRP) as an International IRB
(IRB Number IRB00003905 FWA00005976)

Annexure 11: Information Sheet



Queen Margaret University
EDINBURGH

My name is Blessings Kachale and I am a PhD Research student from the School of International Health and Development at Queen Margaret University in Edinburgh. As part of my degree course, I am undertaking a research project for my PhD thesis.

The title of my project is: **Elderly carers: The experiences of the elderly caring for Orphans and Vulnerable Children in Chiradzuru District- Malawi.**

This study will investigate / is about / is looking into the experiences of elderly carers caring for orphans and vulnerable children as they provide day-t-day care and support for them. The study aims to investigate the livelihoods elderly carers' are adopting to meet the care need of the orphans and vulnerable children in their care..

The findings of the project will be useful / valuable because they will contribute to the body of knowledge on how elderly carers in Malawi are providing care to the orphans but also help in social policy in Malawi the elderly carers.

This research is being funded privately by myself.

I am looking for volunteers to participate in the project. The inclusion criteria is elderly carers of orphans and vulnerable children living in Chiradzuru district in Malawi of age range between 55-80+ male and female.

If you agree to participate in the study, you will be asked to sign a consent form. The researcher is not aware of any risks associated with this study. Because of the nature of the study as observation is one of the methods of acquiring information the interviewer plans to

observe the households under study for a maximum period of 2 weeks, while interviews will be on-going. The whole interview and observation process will take place right in the participants' homes as such no travelling will be needed. You will be free to withdraw from the study at any stage and you would not have to give a reason.

All data will be anonymised as much as possible, but you may be identifiable from tape recordings of your voice. Your name will be replaced with a participant number, and it will not be possible for you to be identified in any reporting of the data gathered. The results may be published in a journal or presented at a conference / or at QMU student repository.

If you would like to contact an independent person, who knows about this project but is not involved in it, you are welcome to contact Dr Chris Lecturer. Her contact details are given below.

If you have read and understood this information sheet, any questions you had have been answered, and you would like to be a participant in the study, please now see the consent form.

Contact details of the researcher

Name of researcher: Blessings Kachale, PhD Student

Address: School for International Health and Development,
Queen Margaret University, Edinburgh
Queen Margaret University Drive
Musselburgh
East Lothian EH21 6UU

Email / Telephone: BKachale@qmu.ac.uk / 0131 474 0000

Contact details of the independent adviser

Name of adviser: Dr Chris Lecturer clecturer@qmu.ac.uk / 0131 474 0000

***Annexure 12: Research Clearance Letter – Chiradzuru District
Commissioner***

All correspondence to:
The District Commissioner
Tel: 01693235
Fax: +265 1 693240



**The District Commissioner
Private Bag 1 Chiradzulu
Malawi**

11th January, 2011

Mrs. Blessings Kachale
Queen Margaret University
School of Health and Social Sciences
Flat 4/44 Ardshiel Avenue
Edinburgh EH4 7HS
United Kingdom

Dear Madam,

RE: REQUEST TO CONDUCT RESEARCH STUDY

Reference is made to your letter regarding the above on Elderly Care Givers: the Experiences of the Elderly Caring for Orphans and Vulnerable Children in Chiradzulu District Malawi.

Please be kindly advised that authority has been granted for you to conduct the research. We would also certainly appreciate if your research findings could be

shared with us so that we could also get an insight and the necessary guidance in our policy formulation and implementation.

Yours faithfully,

B.F. Nkasala

District Commissioner

Cell: +265 999 448832

+265 888663139

Annexure 13: Participant Consent Form



Queen Margaret University
EDINBURGH

Consent Form

TITLE: ELDERLY CARERS: THE EXPERIENCES OF THE ELDERLY CARING FOR ORPHANS AND VULNERABLE CHILDREN IN CHIRADZURU DISTRICT - MALAWI

I have read and understood the information sheet and this consent form. I have had an opportunity to ask questions about my participation.

I understand that I am under no obligation to take part in this study.

I understand that I have the right to withdraw from this study at any stage without giving any reason.

I agree to participate in this study.

Name of participant: _____

Signature of participant: _____

Signature of researcher: _____

Date: _____

Contact details of the researcher

Name of researcher: Blessings Kachale

Address: PhD Research Student, Subject Area, School of International Health
and Development

Queen Margaret University, Edinburgh

Queen Margaret University Drive

Musselburgh

East Lothian EH21 6UU

Email / Telephone: BKachale@gmu.ac.uk / 0131 474 0000

Annexure 14: Proposed NYVSM: A model for Elderly and OVC Care in Malawi

The Malawi Youth Community Voluntary Service programme

The overall objective of the programme will be to contribute to food security and livelihoods, to promote health and well-being among labour constrained elderly populations in general and elderly households raising orphans, as well as chronically ill patients in Malawi, which will in turn contribute to socio-economic development of Malawi. This will encourage the spirit of national service among all the youth in Malawi nation to:

- ☐ Embark on projects designed to combat hunger, disease, illiteracy, and unemployment
- ☐ facilitate provision of essential services and amenities, in towns and villages in the rural areas of Malawi
- ☐ Develop skilled manpower through hands-on training
- ☐ Promote national unity and reinforce the bond of common citizenship and integration

While pursuing this overarching goal, it will help the participating youth in Malawi:

- by indoctrinating discipline in Malawi youths by instilling in them a practice of industry at work and of patriotic and loyal service to Malawi, in any situation they may find themselves;
- to raise the moral tone of the Malawian youths by providing them the opportunity to learn about higher ideals of national achievement, social and cultural improvement;
- to develop in the Malawian youths the attitudes of mind, secured through shared experience and suitable training, which will make them more responsive to mobilisation in the national interest;

- to enable Malawian youths to acquire the spirit of self-reliance by encouraging them to develop skills for self-employment;
- to contribute to the accelerated growth of the national economy

The programme will operate by drawing on learning from Ethiopia and Nigeria

In order to achieve the objectives, the National Youth Voluntary Service shall ensure:

- the equitable distribution of youth volunteers and the effective utilisation of their skills in area of national need - food security, economic development, health, water and sanitation, education, HIV/AIDS, infrastructure, forestry etc.;
- that, as far as possible, youths are assigned to jobs in districts and regions other than that of their origin;
- that youth volunteers are exposed to ways of living in different parts of Malawi;
- that the youth volunteers are encouraged to eschew cultural and religious intolerance by accommodating cultural and religious differences;
- that members of the youth volunteers are stimulated to seek, at the end of their one year national volunteer service, career employment all over Malawi, thus promoting the free movement of labour; and
- that employers are induced, partly through their experience with members of youth volunteers (YVs), to employ more readily and on a permanent basis, qualified Malawians, irrespective of their region of origin (Raimi and Alao, 2011:273-274).

The government of Malawi, with support from the donor community (USAID, DFID, and WB), will fund this initiative by providing an honorarium for students, as well as by providing materials and resources for the implementation of the projects at local level.

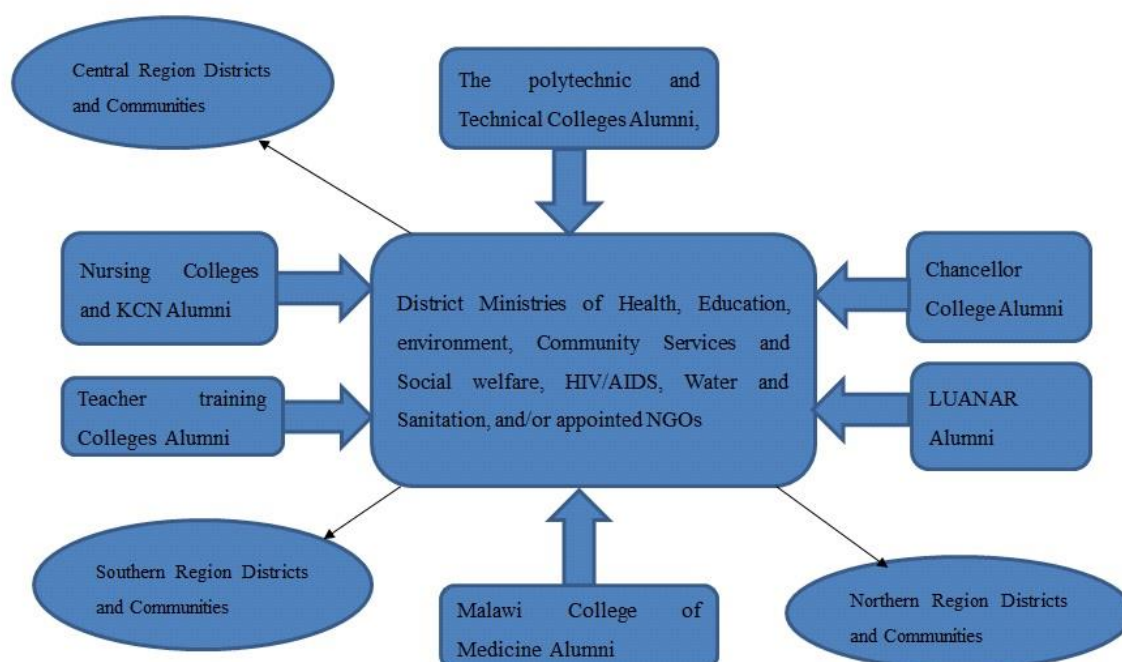
Ministries to oversee the programme

- The Ministries of Community Service and Social Welfare, Labour and Education will coordinate this programme. Alternatively, as is the case in Ghana, rather than operating YVS directly, the government can chose to license and regulate

several NGO implementation agencies to run the YVS.

- Alumni from various Secondary Schools, Colleges and Universities will be posted to local district government departments as Youth Volunteers, in work areas relating to their discipline/ subjects.
- The YV will be organised in teams and will have direct contact with older carers, OVCs, and the community at large. The YV teams will be challenged to come up with a community development project. These projects could, for example, be in the areas of food security for the elderly, support for the chronically ill, small scale enterprise, academic support for OVC, health promotion for the elderly, infrastructure construction – houses, schools, blocks, Day Care centres, or primary health care mobile clinics. The YV teams would then facilitate project implementation and, at the end of the Volunteer service, write a project report to the Ministry they have been attached to.
- Communities Management Committees should be trained to coordinate the projects on the ground. Their role, with support from the Ministries of Community Services and Social Welfare, will be to identify vulnerable households and areas of need. They will also facilitate the implementation of project activities, engaging the local youth in communities.
- At the end of the service, traditional authorities and DSWO, Ministry of Education, Ministry of Labour and the District Commissioners must endorse the service the YV give in the community, while the Ministry of Education must award a Certificate of Youth Voluntary Service. This certificate must be recognisable by all employers, at all levels, as proof of patriotism on the part of the candidate and must also be one of the recruitment criteria.
- The programme coordinators (Ministry of CSSW, Education, Labour) must send staff members to countries that have registered success stories related to National Youth Services (Ghana, South Africa, Kenya, China, Ethiopia) to orient themselves on how these countries have succeeded in utilising youth service in community development.

A Proposed Model for Youth Community Volunteer Service



- ***A holistic and sustainable program design for this model.***

This initiative will empower the Malawian Youth, both locally in communities and the alumni, with skills to provide community development services to disadvantaged communities and families, while improving the young service participant's access to livelihood opportunities, while for others may lead to formal education and training. The Youth involved will take on positive roles in identifying and solving problems, but also strengthening their leadership skills, with support of Government, NGO technical experts and Community Management Committees (CMC). This will change the public image regarding the youth will change.